

HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL



We envision an educated community where the needs of all persons living with and/or affected by HIV are met by accessible, effective, and culturally sensitive health and psychosocial services that are part of a fully coordinated system.

The community will continue to intervene responsibly until the end of the epidemic.

The Houston Eligible Metropolitan Area (EMA) Ryan White Planning Council will improve the quality of life and advocate for those living with and/or affected by HIV by taking a leadership role in the planning and assessment of HIV resources.

AGENDA

12 noon, July 11, 2019

Meeting Location: 2223 W. Loop South, Room 532

Houston, Texas 77027

- I. Call to Order
 - A. Welcome and Moment of Reflection Bruce Turner, Chair,
Ryan White Planning Council
 - B. Adoption of the Agenda
 - C. Approval of the Minutes
 - D. Updates from the Texas Dept. of State Health Services (DSHS) Shelley Lucas, MPH,
Manager, HIV/STD Prevention
and Care Branch
 - E. Training: Priority Setting and Allocations Processes Peta-gay Ledbetter, Co-Chair,
Priority and Allocations Committee

II. Public Comments and Announcements

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to the Council Secretary who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Council members and staff are asked to refrain from asking questions of the person giving public comment.)

III. Reports from Committees

- A. Comprehensive HIV Planning Committee Daphne L. Jones, Chair
 - Item:* Epidemiological Profile
 - Recommended Action:* FYI: The Committee received a verbal update on progress for the Epidemiological Profile.
 - Item:* Needs Assessment Progress
 - Recommended Action:* FYI: The Committee reviewed the attached updated timeline and finalized survey tool. The

Committee also received a verbal update on the Project LEAP pilot of online surveying, and a process update for the entire survey project. As of 6/26/19, 119 valid surveys have been collected. This is 20% of the minimum target sample size. The first provider focus group with case managers and service linkage workers was held on 6/19/19. The NAG Analysis Workgroup met 6/21/19 to revise and approve the attached analysis principles. The NAG Workgroup will meet for a mid-data collection check-in on Monday, July 15th. Please see Diane if you would like to receive more information about the meeting.

Item: Quarterly Report

Recommended Action: FYI: Please see the attached committee quarterly report.

B. Affected Community Committee

Rodney Mills and
Isis Torrente, Co-Chairs

Item: Training: Blue Book Treasure Hunt

Recommended Action: FYI: The Committee participated in the Blue Book Treasure Hunt, which will be part of the upcoming Road 2 Success trainings.

Item: Public Hearing for the 2020 Priorities and Allocations

Recommended Action: FYI: On Monday, July 1, 2019, the Affected Community Committee will host a televised public hearing to announce the proposed FY 2020 service priorities and allocations for Ryan White Part A, Minority AIDS Initiative, Part B and State Services funding.

Item: Volunteers for Project LEAP Graduation

Recommended Action: FYI: The Project LEAP graduation will be on Wednesday, July 24, 2019. If anyone would like to volunteer to help set up, host and/or clean up after the event, please see Tori.

Item: 2019 Community Events

Recommended Action: FYI: See the attached list of 2019 Community Events.

Item: 2019 Greeters

Recommended Action: FYI: See the attached list of 2019 Greeters who will host guests at monthly Council meetings.

C. Quality Improvement Committee

Denis Kelly and
Gloria Sierra, Co-Chairs

Item: Training: Standards of Care & Performance Measures

Recommended Action: FYI: Amber Harbolt provided training on Ryan White Standards of Care and Performance Measures.

Item: Reports from AA – Part A/MAI*

Recommended Action: FYI: See the attached reports from the Part A/MAI Administrative Agent:

- FY18 Service Utilization – Part A & MAI, dated 05/23/19
- FY18 Performance Measures Highlights,

Item: Reports from Administrative Agent – Part B/SS

Recommended Action: FYI: See the attached reports from the Part B/ State Services Administrative Agent:

- FY18/19 Procurement Report Part B (FINAL) – dated 06/03/19
- FY19/20 Procurement Report Part B – dated 06/03/19
- FY18/19 Procurement Report DSHS SS – dated 06/03/19
- FY18/19 Health Insurance Program Report – dated 06/03/19

Item: FY 2020 How To Best Meet the Need Recommendations

Recommended Action: **Motion:** Approve the attached FY 2020 service definition for Mental Health Services.

Item: Financial Eligibility for Mental Health and Non-HIV Medication

Recommended Action: **FYI:** The Quality Improvement Committee asked the Recipients to provide information to help the Steering Committee determine if the financial eligibility for non-HIV medication and Mental Health Services should be increased to 400%.

Item: Pay for Performance

Recommended Action: **Motion:** Approve the Pay for Performance model and ask the Recipient to provide the agencies with a list of ways they can use the incentives, based upon provider suggestions. In the first year of the program, target black MSM. In future years, consider targeting other populations who are also experiencing disparities.

Item: Telehealth

Recommended Action: **Motion:** Support the idea of telehealth and start by implementing the model with the Outreach service category.

D. Priority and Allocations Committee

Peta-gay Ledbetter and
Bobby Cruz, Co-Chairs

Item: Reports from Administrative Agent – Part A/MAI

Recommended Action: FYI: See the attached reports from Part A/Minority AIDS Initiative:

- FY18 Procurement – Part A & MAI, dated 06/10/19

Item: Reports from Administrative Agent – Part B/SS

Recommended Action: FYI: See the attached reports from Part B/State Services funding:

- Final Quarter Reallocations

Item: FY 2020 Ryan White Service Priorities

Recommended Action: **Motion:** Approve the attached FY 2020 Service Priorities for Ryan White Parts A and B, MAI** and State Services.

Item: FY 2020 Allocations: Level Funding Scenario – All Funding Streams
Recommended Action: **Motion 1**: Approve the attached FY 2020 Level Funding Scenario for Ryan White Parts A and B, MAI and State Services funds. See attached chart for details.

Item: FY 2020 Allocations: MAI** Increase/Decrease Funding Scenarios
Recommended Action: **Motion 2**: Approve the attached FY 2020 Increase & Decrease Funding Scenarios for Ryan White MAI** funds.

Item: FY 2020 Allocations: Part A Increase/Decrease Funding Scenarios
Recommended Action: **Motion 3**: Approve the attached FY 2020 Increase & Decrease Funding Scenarios for Ryan White Part A funds.

Item: FY 2020 Allocations: Part B & SS*** Increase/Decrease Funding Scenarios
Recommended Action: **Motion 4**: Approve the attached FY 2020 Increase & Decrease Funding Scenarios for Ryan White Part B and State Services funding.

Item: FY 2019 Level Funding Allocations – State Services
Recommended Action: **Motion**: Amend the FY 2019 Level Funding Scenario for State Services, State Services-R and Part B to match the FY 2020 allocations for these same funding streams. The justification is to provide 12 months of funding to 15.e. Service Linkage Worker – Substance Use.

Item: Quarterly Committee Report
Recommended Action: FYI: See the attached Quarterly Committee Report.

- E. Operations Committee
Item: 2019 Attendance Records
Recommended Action: FYI: The Committee reviewed the 2019 attendance records and asked staff to contact individuals who have missed three or more committee or Council meetings.

Ronnie Galley and
Allen Murray, Co-Chairs

Item: Quarterly Committee Report
Recommended Action: FYI: See the attached Quarterly Committee Report.

- V. Report from the Office of Support
Tori Williams, Director
- VI. Report from Ryan White Grant Administration
Carin Martin, Manager
- VII. Report from The Resource Group
S. Johnson-Fairley, Health Planner

VIII. Medical Updates

Shital Patel, MD
Baylor College of Medicine

IX. New Business (30 seconds/report)

- | | |
|--|----------------------------|
| A. Ryan White Part C Urban and Part D | Dawn Jenkins |
| B. Community Development Advisory Council (CDAC) | Johnny Deal |
| C. HOPWA | Niquita Moret |
| D. Community Prevention Group (CPG) | |
| E. Update from Task Forces: | |
| • Sexually Transmitted Infections (STI) | John Poole |
| • African American | S. Johnson-Fairley |
| • Latino | Gloria Sierra |
| • Youth | Gloria Sierra |
| • MSM | John Poole |
| • Hepatitis C | |
| • Project PATHH (Protecting our Angels Through Healing Hearts)
formerly Urban AIDS Ministry | Johnny Deal |
| F. HIV and Aging Coalition | Bruce Turner |
| G. Texas HIV Medication Advisory Committee | Bruce Turner |
| H. Positive Women's Network | Tana Pradia |
| I. Texas Black Women's Initiative | Sha'Terra Johnson-Fairly |
| J. PrEP and Data to Care Campaigns | Denis Kelly and John Poole |
| K. Texas HIV Syndicate | Amber Harbolt |
| L. END HIV Houston | Crystal Townsend |
| M. Texans Living with HIV Network | Tana Pradia |

IX. Announcements

X. Adjournment

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



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The Houston Eligible Metropolitan Area (EMA) Ryan White Planning Council will improve the quality of life and advocate for those living with and/or affected by HIV by taking a leadership role in the planning and assessment of HIV resources.

MINUTES

12 noon, Thursday, June 13, 2019

Meeting Location: Ryan White Offices, 2223 W. Loop South, Rm 532; Houston, Texas 77027

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Bruce Turner, Chair	Matilda Padilla	Project LEAP Students-see attached
Tana Pradia	Shital Patel	Ravine Carrier-Reed, AFH
Veronica Ardoin	Crystal Starr	Bret Camp, AHF
Tony Crawford	Isis Torrente	Jason Craven, Janssen
Bobby Cruz		Shadawn McCants
Johnny Deal		
Ronnie Galley	MEMBERS ABSENT	STAFF PRESENT
Ahmier Gibson	Ted Artiaga, excused	<i>Ryan White Grant Administration</i>
Allison Hesterman	Connie L. Barnes, excused	Carin Martin
Dawn Jenkins	Rosalind Belcher	Samantha Bowen
Arlene Johnson	Gregory Hamilton, excused	
Daphne L. Jones	Angela F. Hawkins, excused	<i>The Resource Group</i>
J. Hoxi Jones	Tom Lindstrom excused	Crystal Townsend
Mel Joseph	Robert Noble	
Denis Kelly	Faye Robinson	<i>Office of Support</i>
Peta-gay Ledbetter	Pete Rodriguez, excused	Tori Williams
Holly McLean	Imran Shaikh, excused	Amber Harbolt
Rodney Mills	Gloria Sierra, excused	Diane Beck
Niquita Moret	John Poole, excused	
Allen Murray	Carol Suazo	

Call to Order: C. Bruce Turner, Chair, called the meeting to order at 12:06 p.m.

During the opening remarks, Turner thanked those who volunteered for the Long Term HIV Survivors Day event on June 2nd as well as those who participated in the How To Best Meet the Need process. Attendance at the workgroup meetings was robust and discussion, especially at some of the special workgroup meetings, was productive. He also thanked all of the people who chaired the workgroup meetings. Their valuable time and important leadership was appreciated throughout this long process. On a different note, members of the Comprehensive HIV Planning Committee and others have been

working on the Needs Assessment process. Those who are interested, please see Amber or Diane, to sign up to get involved in this important process. Interested individuals do not need to be members of the Comprehensive HIV Planning Committee to participate. Turner then called for a Moment of Reflection.

Adoption of the Agenda: ***Motion #1:** it was moved and seconded (Johnson, Galley) to adopt the agenda. Motion Carried.* Abstentions: Joseph, Starr.

Approval of the Minutes: ***Motion #2:** it was moved and seconded (Kelly, Torrente) to approve the April 11, 2019 minutes. Motion Carried.* Abstentions: Jenkins, Johnson, Joseph, Ledbetter, Patel, Pradia.

Project LEAP 2019 Presentations: Harbolt and the Project LEAP students presented the results of their class project entitled: *Piloting Online Needs Assessments: Emerging Findings and Lessons Learned.* See the attached PowerPoint presentation for details.

Public Comment and Announcements: Kelly, Murray and Pradia presented a plaque to Turner for his dedication and hard work with the HIV and Aging Coalition. Turner said that he and Ruth Atkinson started the Coalition.

Reports from Committees

Comprehensive HIV Planning Committee: Daphne L. Jones, Co-Chair, reported on the following: 2020 HIV Needs Assessment: Data collection for the 2020 Needs Assessment began in late April, with Project LEAP students assisting with piloting online survey administration for this year's class project. The students collected 28 valid online surveys, and presented select findings and lessons learned from online Needs Assessment survey administration at the June Planning Council Meeting. As of May 30th, a total of 38 valid surveys were collected. Also, eight data collection sites have been set up for June.

The Analysis Workgroup will meet on June 21st to discuss plans for analyzing Needs Assessment data, and NAG will meet on July 15th for a mid-collection check-in. If Steering Committee members would like to participate in either of the meetings, or if they have suggestions for a non-primary care survey site, please see Diane.

Affected Community Committee: Isis Torrente, Co-Chair, reported on the following: Training: End the HIV Epidemic: The Committee reviewed the attached materials regarding the national plan for ending the HIV epidemic.

Public Hearing for the 2020 How To Best Meet the Need Results: On Monday, May 20, 2019, the Affected Community Committee hosted a televised public hearing to announce proposed changes to the FY 2020 Ryan White service definitions. No comments were received.

2019 Community Events: See the attached list of 2019 Community Events.

2019 Greeters: See the attached list of 2019 Greeters who will host guests at monthly Council meetings.

Quarterly Committee Report: See the attached Quarterly Committee Report.

Quality Improvement Committee: Denis Kelly, Co-Chair, reported on the following: Reports from the Administrative Agent – Part A/MAI: See the attached report:

- FY18 Procurement Report – Part A & MAI, dated 05/02/19

Reports from the Administrative Agent – Part B/ State Services: See the attached reports:

- FY 2018/19 Procurement Report Part B – dated 05/14/19
- FY 2018/19 Procurement Report DSHS SS – dated 05/01/19

- FY 2018/19 RW Part B Service Utilization – dated 05/08/19
- FY 2018/19 Health Insurance Program Report – dated 03/29/19
- QI Committee Meeting, Questions & Responses, dated 05/14/19
- The Resource Group (TRG) Consumer Interview Results 2018, dated 05/14/19

FY 2020 How To Best Meet the Need Recommendations: **Motion #3:** *Approve the attached FY 2020 Service Definitions and Financial Eligibility for Ryan White Part A, Minority AIDS Initiative, Part B and State Services funded service categories with the following understanding:*

- *The Recipients are going to provide information that will help the Steering Committee determine if the financial eligibility for non-HIV medication and Mental Health Services should be increased to 400%.*
- *The Mental Health service definition has been tabled while waiting for proposed, revised text.*

Motion Carried. Abstentions: Joseph, Pradia.

Targeting for FY 2020 Service Categories: **Motion #4:** *Approve the attached targeting chart.* **Motion Carried.** Abstentions: Crawford, Joseph, Pradia.

Priority and Allocations Committee: Peta-gay Ledbetter, Co-Chair, reported on the following: Reports from the Administrative Agent – Part A/Minority AIDS Initiative: See the attached report:

- FY 2018 Service Utilization, dated 05/23/19

Reports from Administrative Agent – Part B/State Services: See the attached report:

- An email re: State Services RR funds, dated 03/27/19

FY 2019 Proposed Idea Form: **Motion #5:** *Approve page 2 of the FY 2019 Proposed Idea form.* **Motion Carried.** Abstentions: Joseph, Pradia.

Operations Committee: Allen Murray, Co-Chair, reported on the following:

Policy for Approving the Council Support Budget: See attached policy for approving the Council Support budget.

FY 2020 Council Support Budget: **Motion #6:** *Approve the attached FY 2020 Council Support Budget, which includes a \$32,945 increase from the FY 2019 budget and accommodates the Blue Book budget of \$51,000.* **Motion Carried.** Abstentions: Joseph, Pradia.

Council Handouts: The new process for receiving Council handouts is as follows: after the Council meeting packet has been mailed, additional handouts received at the Steering Committee meeting are emailed to Council members and others after the Steering Committee meeting adjourns.

Report from Office of Support: Tori Williams, Director, summarized the attached report.

Report from Ryan White Grant Administration: Carin Martin, Manager, summarized the attached report.

Report from The Resource Group: See the attached report.

Medical Updates: Dr. Patel presented the attached report.

Ryan White Part C Urban and Part D: Jenkins said that HRSA came to review Part C and D services. Outcomes were good, the agency has increased access to services by expanding hours. They are working on creative ways to engage youth using allowable funds for those affected by HIV and looking at ways to enhance services provided to women, infants, children, and youth (WICY).

Community Prevention Group (CPG): Townsend said that National HIV Testing Day is June 27th. She will email a list of testing sites.

Updates from Task Forces

Project PATHH (formerly Urban AIDS Ministry): Deal said he and Mills attended the meeting last Saturday. They will meet on the second Saturday of the month.

HIV and Aging Coalition: Turner again thanked all who volunteered for the Long Term Survivor event on June 2nd. The next meeting will be Monday, June 17, 2019 at 3 pm, the topic will be anal cancers.

Texas HIV Medication Advisory Committee: Turner said they are considering the addition of 10 non-HIV medications to the formulary.

Positive Women’s Network (PWN): Pradia said they meet on the second Monday of the month at 6 pm at Bering Connect.

PrEP and Data to Care Campaigns: Turner said he heard ads from the campaign on Sunny 99.1.

Texas HIV Syndicate: Harbolt said Houston is greatly underrepresented on the syndicate and encouraged those interested to get involved in this state level planning body.

END HIV Houston: Townsend said they are partnering with 5B (documentary) for National HIV Testing Week. The Chief Public Health Authority for the City of Houston is asking all private doctors to implement routine testing.

Announcements: Starr said this Saturday there will be a Mr & Miss Gay Pride Houston party at JR’s at 2 pm and the following Monday there will be a reunion at EJ’s at 4 pm.

Adjournment: The meeting adjourned at 1:27 p.m.

Respectfully submitted,

Victoria Williams, Director

Date _____

Draft Certified by
Council Chair: _____

Date _____

Final Approval by
Council Chair: _____

Date _____

Council Voting Records for June 13, 2019

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 FY 2020 HTBMN Recommendations Carried				MEMBERS	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 FY 2020 HTBMN Recommendations Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
				C				C				C	Matilda Padilla		X				X				X		
		X						X				X	Shital Patel		X					X			X		
		X				X				X			Crystal Starr				X		X				X		
	ja 12:18	X			X					X			Isis Torrente		X				X				X		
			X			X					X														
			X			X					X			MEMBERS ABSENT											
			X			X					X		Ted Artiaga												
			X			X					X		Connie L. Barnes												
			X					X			X		Rosalind Belcher												
			X					X			X		Gregory Hamilton												
	ja 12:16	X			X						X		Angela F. Hawkins												
			X			X					X		Tom Lindstrom												
				X				X				X	Robert Noble												
			X			X					X		John Poole												
			X					X			X		Faye Robinson												
			X			X					X		Pete Rodriguez												
			X			X					X		Imran Shaikh												
			X			X					X		Gloria Sierra												
			X			X					X		Carol Suazo												

Council Voting Records for June 13, 2019 - continued

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room	Motion #4 FY 2020 Targeting Chart Carried				Motion #5 2019 Proposed Idea Form (pg 2) Carried				Motion #6 FY 2020 Council Support Budget Carried				MEMBERS	Motion #4 FY 2020 Targeting Chart Carried				Motion #5 2019 Proposed Idea Form (pg 2) Carried				Motion #6 FY 2020 Council Support Budget Carried														
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN											
MEMBERS																																				
Bruce Turner, Chair				C				C				C	Matilda Padilla		X				X				X				X									
Tana Pradia, Secretary				X				X				X	Shital Patel		X				X				X				X									
Veronica Ardoin		X				X				X			Crystal Starr		X				X				X				X									
Tony Crawford ja 12:18				X		X				X			Isis Torrente		X				X				X				X									
Bobby Cruz		X				X				X																										
Johnny Deal		X				X				X																										
Ronnie Galley		X				X				X			MEMBERS ABSENT																							
Ahmier Gibson		X				X				X			Ted Artiaga																							
Allison Hesterman		X				X				X			Connie L. Barnes																							
Dawn Jenkins		X				X				X			Rosalind Belcher																							
Arlene Johnson		X				X				X			Gregory Hamilton																							
Daphne L. Jones ja 12:16		X				X				X			Angela F. Hawkins																							
J. Hoxi Jones ja 12:12		X				X				X			Tom Lindstrom																							
Mel Joseph				X				X				X	Robert Noble																							
Denis Kelly		X				X				X			John Poole																							
Peta-gay Ledbetter		X				X				X			Faye Robinson																							
Holly McLean		X				X				X			Pete Rodriguez																							
Rodney Mills		X				X				X			Imran Shaikh																							
Niquita Moret		X				X				X			Gloria Sierra																							
Allen Murray		X				X				X			Carol Suazo																							

Steps in the Houston Planning Council Priority Setting Process



Steps in the Houston Planning Council Priority Setting Process

1. Determine principles and criteria
2. Review new data sources
3. Score measures from NA and service utilization data
4. Adjust scores
5. Rank scores as service priorities for next fiscal year
 - Core Services
 - Support Services

1. Determine Principles and Criteria

- ▶ Priorities and Allocations committee agrees on principles and criteria to be used during PSRA
- ▶ Examples:
 - Ensure ongoing client access to comprehensive system of core services as defined by HRSA
 - Eliminate barriers for services among affected subpopulations (racial, ethnic, and behavioral) and low-income, unserved, underserved, and severe-need populations, both rural and urban

2. Review New Data Sources

- ▶ Discovered through:
 - Needs assessment
 - service category selection and design
- ▶ Meet to review new data (availability, utilization)
- ▶ Hear presentations from reps of other funding sources (Prevention, HOPWA, etc.)

3. Score Measures from NA and Service Utilization Data

- ▶ Service need
- ▶ Use of services
- ▶ Accessibility of services

4. Adjust Scores

Based on:

- ▶ Other documentation
- ▶ Public comment

5. Rank Scores as Service Priorities for Next Fiscal Year – Core Services

Core Services	Need	Use	Access Ease	Need	Use	Access Ease	HL Scores	HL Rank	Tie Breaker	Changes
Primary Care	94	7,535	90	H	H	H	HHH	2	1	
Medical/ Clinical Case Management	83	6,270	88	H	H	H	HHH	2	2	
Local Medication Assistance	74	4,392	89	H	H	H	HHH	2	3	
Oral Health Services	73	3,372	76	H	L	L	HLL	3	4	
Health Insurance	59	2,102	85	H	L	H	HLH	4	5	
Mental Health Services	53	351	88	H	L	H	HLH	4	6	
Early Intervention Services (jail)	7	926	85	L	L	H	LLH	7	7	
Day Treatment	31	38	92	L	L	H	LLH	7	8	
Substance Abuse Treatment	24	30	92	L	L	H	LLH	7	9	
Medical Nutrition Treatment	38	501	82	L	L	L	LLL	8	10	
Hospice		40			L				11	
Proposed Midpoints	51	3,783	83							

Midpoint=Highest Use+Lowest Use/2

High (H)=Use above the midpoint

Low (L)=Use below the midpoint

5. Rank Scores as Service Priorities for Next Fiscal Year – Support Services

Support Services	Need	Use	Access Ease	Need	Use	Access Ease	HL Scores	HL Rank	Tie Breaker	Changes
Outreach Services									12	
Non-Medical Case Management*	93	6,796	74	H	H	L	HHL	1	13	
Medical Transportation	47	2,894	85	L	L	H	LLH	7	14	
Linguistics Services	6	67	93	L	L	H	LLH	7	15	
Emergency Financial Assistance									16	
Referral for Health Care & Support Services									17	
Proposed Midpoints	50	3,432	84							

Midpoint=Highest Use+Lowest Use/2

High (H)=Use above the midpoint
Low (L)=Use below the midpoint



Houston Ryan White Planning Council
Priority Setting Process
May 23, 2019

Principles and Criteria

Principles

Sound priority setting must be based on clearly stated and consistently applied principles for decision-making.

- These principles are the basic ideals for action

Criteria

Criteria are the standards on which judgment will be based.

Priority Setting

Needs Assessment Data

The percentages are taken from the needs assessment and then broken down and used to determine the priorities.

Midpoint

When a service percentage is above the set median point it will rank as a high for that column, if below the midpoint then it will be a low rank. This will be done for each column.

High Low Score

E.g. Score: LLHL

Attached is a listing of each possible high low scenario.

Priority Setting

The group will then place each service into one of two groups: Core or Non Core

CORE

Outpatient/Ambulatory Medical Care (Primary Care)
Local Pharmaceutical Assistance Program (LPAP)
Oral Health Care
Early Intervention Services
Health Insurance Premium and Cost-Sharing Assistance
Home Health Care
Home
Hospice
Home and community based health services
Medical Nutrition Therapy
Mental Health
Outpatient Substance Abuse
Medical Case Management (including treatment adherence services)

NON-CORE

Case Management (Non-Medical)
Health Education Risk Reduction
Medical Transportation
Outreach Services
Psychosocial Support Services
Referral for healthcare/supportive services
Treatment Adherence Counseling

Prioritization

Lets Try It!

Happy HSDA

Service	Need	Use	Availability
Oral Health Care	68	45	15
Primary Care	82	82	3
Case Management	81	76	10
Medical Case Management	68	68	7
Van Transportation	51	49	15
Health Insurance	77	42	30
Vision Care	74	31	38

Let's set our midpoints!

**Hint, Remember the midpoint is the average of the highest and lowest NA percentage.*

Need: 67% Use: 57% Availability: 21%

Prioritization

Happy HSDA

Service	Need	Use	Availability	Need	Use	Avail
Oral Health Care	68	45	15	H	L	L
Primary Care	82	82	3	H	H	L
Case Management	81	76	10	H	H	L
Medical Case Management	68	68	7	H	H	L
Van Transportation	51	49	15	L	L	L
Health Insurance	77	42	30	H	L	H

Midpoints: Need: 67% Use 57% Availability 21%

Service	High-Low Scores:	C/N	Rank
Primary Care:	HHL	C	1
Medical Case Management:	HHL	C	2
Health Insurance:	HLH	C	3
Oral Health:	HLL	C	4
Case Management:	HHL	N	5
Van Transportation:	LLL	N	6

Prioritization

Tie Breaking and finalizing

Once this is done the committee will use any additional relevant information and public comment to break any ties until there is an established priority list.

Prioritization

What happens when there is NO new Needs Assessment data?

During years where there is no new needs assessment data (or “off years”) the group will use data from the most recent needs assessment activities, special studies, HBTMN, etc.

The group does not complete another High-Low process during these years, the work is already done !, instead....

The group will be given the listing of the previous years priorities and make changes in the priorities as appropriate.

Public Comment

PUBLIC COMMENT – 06/25/19

Dear Ryan White Planning Council: I have been residing in the EMA since 2006 and receiving HIV services throughout that time. I have also been actively involved in the HIV community many areas.

The purpose of my comment is to address the unjustified thousands of dollars spent on the cost of the Blue Book. These discussions are not new, yet the council continues to make this poor decisions to the detriment of our/your community. The public whom you have a responsibility to are continued to be ignored. Over the year multiple suggestions for change have been shared with the council from multiple agencies and community members while our community suffers the cost of the outdated book. It has increased significantly.

I am here to ask, before you vote on FY 2020 budget to consider the following facts. Each council member has a responsibility to carefully consider that each item you vote on represents at least 1 person in need of HIV services. Your vote may be the barrier to that 1 person unable to receive a needed service. Your vote may affect one of your family members. Your vote may affect one of your friends. Please do not simply look at the budget and vote without considering undeniable facts which your vote can change.

ONE, your website shows a picture of a 2004 Blue Book. I ask your reasoning skills to consider. If you were a person running a private business would you continue using a resource guide from 2004 for marketing your services with increased cost?

TWO, the dimensions of the book, are same as an outdated "Yellow Page" phonebook once delivered to our grandmother's doorstep. That comparison is common sense. Ask yourself in 2020 would you carry around a printed phone book or Google the same information?

THREE, each year the book is printed I have counted at numerous agencies and organizations stacks of books unused, even left in supplies closets. These books are stuffed into the backpacks of metro riders who visit the agencies. At Pride event, AIDS Walk events, World AIDS Day Events and many more the council has booths handing out the books. Ask yourself "where do those books end up?" One of your friends or family members are affected by the waste. Your vote can change that wasted expense.

FOUR, it is a duplication of resources also provided by Case Workers at all agencies have at their fingertips lists of resources, printed for the patient. The City of Houston Health Department can access guides for resources. Every shelter provide list of resources. Goodwill, Coalition For the Homeless, 168 food pantries exist in our EMA some of which I've personally received services, each time at in-take I am given long list of sources.

FIVE, consider the Blue Book Budget is equal to the salary of 1 case worker. Your vote against the waste is your chance to increase case managers, behavioral health managers, substance abuse counselors, all HIV services needs.

As council members you have a responsibility to remove barriers, waste and unjustified costs. Your responsibility does not include handing out books providing phone numbers and addresses. The council's responsibility and sole focus is HIV care and treatment, not phone numbers. YOUR vote can affect YOUR friends, family, community. Be a leader...not a follower.

"In any moment of decision...the best thing to do is the RIGHT thing...the wrong thing to do is NOTHING."

Thanks for your vote of wisdom, passion, and integrity.

Name Removed Due to HIV status provided above

**Comprehensive HIV
Planning Committee
Report**

2019 Needs Assessment Survey
Needs Assessment Qualification Questions

We are surveying folks about services for people who are dealing with a specific long-term health condition. Please answer the following questions. When you are finished, please return to a survey staff member to see if you qualify for the survey. 😊

1. Which county do you live in?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Harris | <input type="checkbox"/> Colorado |
| <input type="checkbox"/> Fort Bend | <input type="checkbox"/> Austin |
| <input type="checkbox"/> Waller | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Montgomery | <input type="checkbox"/> I don't live in any of these counties |
| <input type="checkbox"/> Liberty | <input type="checkbox"/> I don't want to answer |
| <input type="checkbox"/> Chambers | |
| <input type="checkbox"/> Wharton | |

2. Are you dealing with a chronic or long-term health condition?

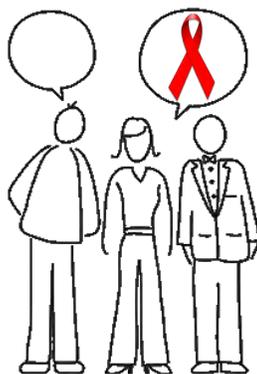
- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> No | <input type="checkbox"/> I don't want to answer |

3. Are you living with any of the following health conditions?

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> I don't want to answer |
| <input type="checkbox"/> HIV | |
| <input type="checkbox"/> Hepatitis C | |

STAFF USE ONLY-SURVEY ADMIN

Date of survey: _____
Agency/location: _____
Staff initials: _____
Gift card #: _____



STAFF USE ONLY-DATA ENTRY

Date of data entry: _____
Auto survey #: _____
Staff initials: _____

2019 Consumer Survey

Dear Participant,

The purpose of this survey is to learn about your needs for HIV care and what it's like for you to be living with HIV. Only people who are living with HIV, 18 years of age or older*, and who live in the greater Houston area should take this survey. If you don't meet these requirements or are not sure, please talk to a staff person now.

* A parent or legal guardian must complete a survey on behalf of a person living with HIV ages 13-17.

Please read the following before you begin:

- Your participation in this survey is 100% voluntary. You do not have to participate. If you do, it will help us learn what people need for HIV care.
- Everything you tell us is 100% confidential. You will not be identified in the report, and no information about you *as an individual* will be collected or shared. All the answers you give will be combined with other surveys and shown as a group.
- You may find some of the questions personal, and they may make you feel uncomfortable. You do not have to continue if you feel this way. Please talk to a staff person at any time if you feel uncomfortable with the survey.
- You will receive an incentive for your participation after you have finished the survey. You will be asked to sign for the incentive, but you do not have to use your legal name.
- If you complete the survey, you are consenting to participate in this project. You are also giving us your consent to use your survey answers. Again, you will not be identified in the report, and no information about you *as an individual* will be collected or shared.
- Please take your time to answer all questions as completely and accurately as possible. There are no right or wrong answers. There is no time limit.
- If you have questions about this survey, please contact the Ryan White Planning Council Office of Support at (832) 927-7926 at any time.

You can begin the survey now. Please bring your completed survey to a staff person when you are done. Thank you for your participation in this project!

Section 1: HIV Services

1. Please tell us about any of the following funded HIV services you have used or needed in the past 12 months:

<p>HIV medical care visits or clinic appointments with a doctor, nurse, or physician assistant (i.e., outpatient primary HIV medical care)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>HIV medication assistance (this is help paying for HIV medications <i>in addition to or instead of</i> assistance from the state/ADAP)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Health insurance assistance (this is when you have private health insurance or Medicare and you get help paying for your co-pays, deductibles, or premiums for medications or medical visits)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Oral health care visits with a dentist or hygienist</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

Con't: Please tell us about any of the following HIV services that you have used or needed in the past 12 months:

<p>Case management (these are people at your clinic or program who assess your needs, make referrals for you, and help you make/keep appointments)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Outpatient alcohol or drug treatment or counseling</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Alcohol use concerns</p> <p><input type="checkbox"/> Drug use concerns</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Professional mental health counseling (this is counseling or therapy with a licensed professional counselor or therapist, either individually or as part of a therapy group)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Day treatment (this is a place you go during the day for help with your HIV medical care from a nurse or PA. It is <i>not</i> a place you live)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

Con't: Please tell us about any of the following HIV services that you have used or needed in the past 12 months:

<p>Hospice care (this is a program for people in a terminal stage of illness to get end-of-life care)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Nutritional supplements (this includes supplements like Ensure, fish oil, protein powder, etc. and/or nutritional counseling from a professional dietician)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Vision care (this includes routine vision services and glasses provided at your HIV clinic or program)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Language translation (at your clinic or program in a language <i>other than English or Spanish</i>).</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

Con't: Please tell us about any of the following HIV services that you have used or needed in the past 12 months:

<p>Transportation (this is when your clinic or program offers van rides or a Metro bus card to help you attend your HIV medical appointments)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Van ride(s)</p> <p><input type="checkbox"/> Bus pass(es)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Outreach services (these are people at your clinic or program who contact you to help you get HIV medical care when you have a couple of missed appointments)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>ADAP enrollment workers (these are people at your clinic or program who help you complete an application for ADAP medication assistance from the state)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>**If you were in Harris County Jail, please tell us about:</p> <p>Pre-discharge planning (this is when jail staff help you plan how to access HIV medical care after your release)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

2. The following services are not currently funded through Ryan White, but could be funded in the future. You may have used these services at facility or through a different funder than Ryan White. Please tell us about any of the following unfunded HIV services that you have used or needed in the past 12 months:

<p>Home health care (this is medical care provided specifically for the treatment of HIV when you cannot leave home)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Child care services (this is child care provided to children living in your household to allow you to attend HIV medical visits)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Food bank / home delivered meals (this includes food items, personal hygiene produces, cleaning supplies, water filters; hot meals; meal delivery; and vouchers to purchase food)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Food bank</p> <p><input type="checkbox"/> Home delivered meals</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

Con't: Please tell us about any of the following unfunded HIV services that you have used or needed in the past 12 months:

<p>Health education / risk reduction (this is education about strategies to prevent or reduce the risk of HIV transmission to others)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Housing (this is temporary or long term housing specifically for people living with HIV)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Other professional services (these are professional and consultant services for HIV-related: legal services like Social Security Disability Insurance denial and discrimination, permanency planning including wills and dependent placement, and tax preparation if you used the advanced premium tax credit to purchase Affordable Care Act health insurance)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Legal services</p> <p><input type="checkbox"/> Permanency planning</p> <p><input type="checkbox"/> Tax preparation</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

Con't: Please tell us about any of the following unfunded HIV services that you have used or needed in the past 12 months:

<p>Psychosocial support services (these support group and counseling services not provided by a licensed mental health professional, including bereavement counseling and HIV support groups)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Online support/groups</p> <p><input type="checkbox"/> In person support/groups</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Rehabilitation services (this is outpatient physical, occupational, speech, and vocational therapy)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p>
<p>Respite care (this is in-home non-medical assistance provided to a person living with HIV to relieve a primary caregiver responsible for the person's daily care)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

Con't: Please tell us about any of the following unfunded HIV services that you have used or needed in the past 12 months:

Residential or inpatient alcohol or drug treatment or counseling	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Alcohol use concerns</p> <p><input type="checkbox"/> Drug use concerns</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <hr/> <hr/> <hr/>
---	---	---

3. What is your preferred method of communication? _____

4. How do you currently communicate with your HIV medical provider?

(Check all that apply)

- I don't currently have a medical provider (*skip bullets below and go to Question 5*)
- Phone calls
- Email
- Text messaging
- An online portal (ex: MyChart)
- I drop by the office in person
- Other: _____

• Does your HIV medical provider communicate information about your health in a way that is straightforward and easy to understand?

- Yes
- No

• How would you rate communication with your HIV medical provider?

 It's Poor	 It's Not Very Good	 It's Good	 It's Very Good	 It's Great!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• If communication is "Poor", "Not Very Good", or "Good", what could be changed to make it better? (*skip to Question 5 if "Very Good", or "Great"*)

5. What other kinds of services do you need to help you get your HIV medical care?

Section 2: When You Were First Diagnosed

6. What year were you diagnosed with HIV? _____

7. Where did you get your HIV diagnosis? _____

• If you were diagnosed after 2014, did you get any of the following services from the same agency where you were diagnosed? (*Check one answer for each item below*)

- A list of HIV clinics to go to for medical care Yes No Don't remember
- An appointment for your first HIV doctor's visit Yes No Don't remember
- Someone offered to help you get into HIV care Yes No Don't remember
- Someone answered all of my questions about how to live with HIV Yes No Don't remember
- Someone told me how to get help paying for HIV medical care Yes No Don't remember

Section 3: Your HIV Care History

8. If there was a delay in seeing a doctor for HIV for more than 1 month after you received your HIV diagnosis, what caused the delay? (Check all that apply)

- N/a, there was no delay in seeing a doctor for HIV
- My first HIV medical appointment was rescheduled
- I didn't know services exist to help pay for HIV care
- I was diagnosed before HIV treatment existed
- I felt fine, I wasn't sick
- I didn't want to believe I contracted HIV
- I didn't want to take medications
- I didn't know where to get HIV medical care
- I couldn't afford HIV medical care
- I was drinking or doing drugs at the time
- I had problems with mental health at the time
- There were other priorities in my life at the time
- I couldn't get there, no transportation
- I was afraid of people finding out I contracted HIV
- Don't remember
- Other: _____

9. If you ever stopped seeing an HIV doctor for 12 months or more, why did you stop? (Check all that apply)

- N/a, I never stopped seeing a doctor for 12 months
- I moved or relocated
- My eligibility expired
- I felt fine, I wasn't sick
- I was tired of it, wanted a break
- I didn't want to take HIV medications
- I had side effects from my HIV medications
- My viral load was undetectable
- I couldn't afford it anymore
- I lost my health insurance or Ryan White
- I was drinking or doing drugs at the time
- I had problems with mental health at the time
- There were other priorities in my life at the time
- I couldn't get there, no transportation
- My doctor or case manager left
- I had a bad experience at the clinic
- Don't remember
- Other: _____

10. In the past 12 months, how many times have you:

Visited a doctor, nurse, or PA for HIV: _____

Been prescribed HIV medication (ART): _____

Had a test for your HIV viral load: _____

Had a test for your CD4 (t-cell) count: _____

- I haven't done any of these in the past 12 months
- I've never done any of these
- I don't remember

11. If you are not currently taking HIV medications, why are you not taking them?

(Check all that apply)

- N/a, I *do* take HIV medication
- I missed a refill
- I am undetectable or an elite controller/long-term non-progressor *(please note that current treatment standards recommend continuing with HIV medication if you are undetectable to help stay undetectable)*
- I forget to take them
- I did not receive my mail-order medications or I think someone else took them from my mail
- My eligibility expired
- No doctor has offered them to me
- My doctor doesn't think it's a good idea for me
- I had bad side effects
- They are too hard to take as prescribed
- I don't have the correct food to take with them
- I can't pay for them
- I don't have prescription insurance coverage
- I don't have a safe place to keep them
- I don't want anyone to know I'm taking HIV meds
- I was tired of it, wanted a break
- I choose not to take them
- I feel fine, I'm not sick
- Other: _____

Section 4: Other Health Concerns

12. Has a doctor told you that you currently have any of the following *non-HIV* medical condition? *(Check all that apply)*

- Alzheimer's or dementia
- Arthritis
- Asthma
- Auto-immune disease (i.e., MS, lupus)
- Blood clotting disorder
- Cancer
- Chronic pain
- Diabetes
- Epilepsy or seizures
- Heart disease
- Hepatitis B
- Hepatitis C
- If so: Treated Not treated
- Herpes
- High blood pressure
- High cholesterol
- HPV (human papillomavirus)
- Lung disease/COPD
- Liver disease
- Neuropathy/pain or numbness in hands or feet
- Obesity
- Osteoporosis, or bone disease
- Sleep disorder
- TB. If so: Active TB Latent TB
- Thyroid disease
- I have not been told I have any of these
- Prefer not to answer
- Other: _____

13. Have you been tested for any the following conditions?

(Check all that apply for each item below.)

	In the past 3 months	In the past 6 months	In the past 9 months	In the past 12 months	It has been longer than 12 months	I have never had this test	I don't remember
Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

• **Were you diagnosed with any of the conditions?**

(Check all that apply. If you have never had testing for any of the conditions or you do not remember, skip below and go to Question 14)

- No, I was not diagnosed with any of the conditions
- Chlamydia
- Gonorrhea
- Syphilis

• **If you were diagnosed with any of the conditions, did you complete treatment?**

(Check all that apply, and write in the condition/s to which each answer applies.)

- N/a, I was not diagnosed with any of the conditions
- No, I never got treatment for _____
- I started treatment, but did not complete it for _____
- Yes, I completed treatment for _____

14. In the past 12 months, have you felt any of the following to such a degree that you thought you wanted help? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Anxiety or worry | <input type="checkbox"/> Trouble remembering |
| <input type="checkbox"/> Fear of leaving your home | <input type="checkbox"/> Trouble focusing |
| <input type="checkbox"/> Feeling impulsive or out of control | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Thoughts of hurting yourself or others |
| <input type="checkbox"/> Loneliness or isolation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Night terrors | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Prefer not to answer |

***If you are having any of these thoughts right now, contact your counselor immediately or refer to the resource list attached to this survey.*

15. Has a doctor told you that you currently have any of the following conditions?

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Gender dysphoria/gender identity disorder |
| <input type="checkbox"/> Agoraphobia | <input type="checkbox"/> Obsessive compulsive disorder |
| <input type="checkbox"/> AIDS Survivor Syndrome | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Anxiety or panic attacks | <input type="checkbox"/> Schizophrenia or episodes of psychosis |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> I don't have a mental health diagnosis |

16. In the past 12 months, have you experienced any of the following?

(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Been treated differently because you're living with HIV | <input type="checkbox"/> Threats of violence by a stranger |
| <input type="checkbox"/> Been denied services because you're living with HIV | <input type="checkbox"/> Physical assault by someone you know |
| <input type="checkbox"/> Been asked to leave a public place | <input type="checkbox"/> Physical assault by a stranger |
| <input type="checkbox"/> Verbal harassment/taunts | <input type="checkbox"/> Sexual assault by someone you know |
| <input type="checkbox"/> Threats of violence by someone you know | <input type="checkbox"/> Sexual assault by a stranger |
| | <input type="checkbox"/> None of the above |
| | <input type="checkbox"/> Prefer not to answer |

17. Are you currently in an intimate relationship with someone who makes you feel afraid, threatened, isolated, forces you to have sex, or physically hurts you?

(Check one)

- Yes No Prefer not to answer

***If you currently feel unsafe in an intimate relationship, refer to the resource list attached to this survey for help.*

Section 5: Substance Use

18. In the past 12 months, has alcohol or drug use interfered with you getting HIV medical care? *Examples could include alcohol or drug use that led to missing HIV medical appointments, having trouble taking HIV medications as prescribed, avoiding medical care for fear of legal issues, or fear telling your HIV doctor about alcohol or drug use. (Check one)*

- No, I have not used alcohol or drugs
- No, I have used alcohol or drugs, but it has not interfered with me getting HIV medical care
- Yes
- Prefer not to answer

If you answered no or prefer not to answer, skip bullet below and go to Question 19.

If you answered yes, which substance(s)? (Check all that apply)

- Alcohol
- Club/party drugs (e.g., ecstasy/MDMA/Molly, GHB, roofies, ketamine)
- Cocaine or crack
- Hallucinogens (e.g., LSD, PCP, mushrooms)
- Heroin
- Inhalants (e.g., poppers, glue)
- Marijuana
- Methamphetamine/meth
- Prescription drugs not prescribed to you (e.g., painkillers, opioids, tranquilizers)
- Prescription drugs prescribed to you, but used differently than intended
- Legal drugs from a shop (e.g., bath salts, kush/spice)
- Other: _____
- None of the above
- Prefer not to answer

Section 6: Housing, Transportation, and Social Support

19. Where do you sleep **most often**? (Check one)

- My own house/apartment that I pay for
- My own house/apartment that someone else pays for
- At the home of friends/family
- A group home for people living with HIV
- A group home, not just for people living with HIV
- Hotel/motel room that I pay for
- Hotel/motel room that someone else pays for
- Shelter
- Car
- On the street
- A combination of places, it changes all the time
- Other: _____

20. Do you feel your housing situation is stable? (Check one) Yes No

21. Does your housing situation currently have any of the following problems?

(Check all that apply)

- Problems with housing quality (e.g. mold, asbestos, exposed wires, broken windows, leaks, poor insulation, broken plumbing, or broken appliances)
- Problems with overcrowding/too many people
- Feeling like I have no privacy, or my personal items and medications are not safe
- Feeling unsafe or threatened in my house/apartment
- Feeling unsafe or threatened in my neighborhood
- I've had trouble getting housing because of felon status
- Other problems with my housing situation: _____
- I have no problems with my housing situation

22. Has your housing situation interfered with you getting HIV medical care?

(Check one) Yes No

23. Has your transportation situation interfered with you getting HIV medical care?

(Check one) Yes No

24. Social support is when people or groups in your life provide emotional support, assistance, advice, and/or companionship. Do you get social support from any of the following? (Check all that apply)

- Family / friends
- Faith group
- Recovery / sobriety group
- In-person support group
- Online groups (please specify): _____
- N/a, I don't get social support from any of these

Section 7: Financial Resources

25. What is your employment situation? (Check all that apply)

- Employed full time
- Employed part time
- Employed as a contractor (ex: Lyft, Uber, Instacart, DoorDash, etc.)
- Employed for cash (ex: cleaning, childcare, landscaping, construction, etc.)
- Self-employed
- I support myself through sex work
- I support myself through street work (ex: panhandling, drug trade, etc.)
- Retired
- Not working due to disability
- Unemployed, but currently seeking employment
- Unpaid volunteer
- Full time student
- Part time student
- Stay at home parent
- Unpaid caregiver for a family member or friend
- Other: _____

26. What is your current monthly household income? \$ _____

- Prefer not to answer
- How many people, including you, depend on this income? _____
- Of these, how many are children under 18 years old? _____

27. How do you pay for general medical care for yourself or your family?

(Check all that apply)

- Private health insurance. If so, which company do you have? _____
(e.g., Aetna, Anthem, Blue Cross/ Blue Shield, CIGNA, Humana)
- COBRA
- Medicaid
- Medicare
- Gold Card
- VA
- Indian Health Service
- Self-pay
- I don't get medical care because I can't pay for it
- I only get medical care for HIV through Ryan White
- Other: _____

28. Do you have trouble paying for the following types of medications on your own?

(Check one answer for each item below)

	Yes	No	I do not take this
HIV medication(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-HIV related medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications for mental health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **If you have trouble paying for your medications, are you getting help paying for them?** (Check one)
 - Yes
 - No
 - Don't know
 - N/a, I do not take medication

29. Do you regularly have difficulty accessing healthy food? (Check one)

Yes

No (skip bullet below and go to Question 30)

• What are the reasons you regularly have difficulty accessing healthy food?

Healthy food is too expensive

There is nowhere to buy healthy food near where I live

It takes too long to travel to buy healthy food

I don't have time to buy healthy food

I'm not sure what kinds of food are healthy

I don't like the taste of healthy food or I find it boring

My family doesn't like healthy food

I just choose not to eat healthy food

I don't know how to cook

I don't have the resources to be able to cook or store food

I don't have time to prepare healthy food

The options available at the food bank or food pantry I use are not healthy

Other: _____

Section 8: Please Tell Us About Yourself...

30. What zip code do you live in? _____

31. What is your age (in years)?

13-17 years old

(parent / guardian completed)

18-24 years old

25-34 years old

35-49 years old

50-54 years old

55-64 years old

65-74 years old

75+ years old

32. What sex were you assigned at birth? (Check one)

Male

Female

Intersex (someone born with both male and female reproductive or sex organs; or with reproductive or sex organs that were not clearly male or female)

33. What is your *primary* gender identity or gender expression today? (Check one)

Man

Woman

Non-binary or

gender fluid

Other: _____

34. Are you currently pregnant? (Check one) Yes No Don't know

• If you are currently pregnant, are you in prenatal care?

(Check one)

Yes

No

Don't know

35. How do you identify in terms of your sexual orientation? (Check one)

Straight/Heterosexual

Gay

Lesbian

Bisexual

Pansexual (someone who feels sexual attraction, desire, love toward all sexes/genders)

Asexual (someone who does not feel sexual attraction)

Undecided

Other: _____

36. Are you of Hispanic or Latin(o/a/x) origin? Yes No

37. What is your primary race? (Check one)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Pacific Islander or Native Hawaiian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native American or Alaska Native |
| <input type="checkbox"/> Hispanic/Latin(o/a/x) | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Other: _____ |

38. How long have you lived in the U.S.? (Check one)

- | | |
|--|---|
| <input type="checkbox"/> I was born in the U.S.
(if you were born in the U.S., skip bullet below and go to Question 39) | <input type="checkbox"/> I am here temporarily on a visa (student, work, tourist, etc.) |
| <input type="checkbox"/> More than 5 years | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Less than 5 years | <input type="checkbox"/> Other: _____ |

- What is your country of origin? (Please specify): _____
 Prefer not to answer

39. In the past 12 months, have you been released from jail or prison? (Check one) Yes No

Section 9: Prevention Activities

40. In the past 12 months, have you received any information about preventing HIV transmission? (Check one) Yes No

- If so, where did you get this information? _____
- What was the information? _____

41. People living with HIV who maintain an undetectable viral load (under 20 copies/mL) for at least 6 months have essentially no risk of transmitting HIV to another person through sex. This is sometimes called Undetectable = Untransmittable, or U = U. **Have you heard about U = U before today?** (Check one) Yes No Don't remember

42. Pre-Exposure Prophylaxis (also called PrEP) is a way for people who don't have HIV to prevent getting HIV by taking a pill every day. **Have you heard about PrEP before today?** (Check one) Yes No Don't remember

43. Do you know where a person who does not have HIV can go to get on PrEP? (Check one) Yes No

***See the resource list attached to this survey for more information about PrEP.*

44. Post-exposure Prophylaxis (also called PeP) is a way for people who don't have HIV to prevent getting HIV if they think they may have been exposed through sex or needle sharing in the last 72 hours. **Have you heard about PeP before today?** (Check one) Yes No Don't remember

45. Do you know where a person who does not have HIV can go to get PeP?

(Check one) Yes No

***See the resource list attached to this survey for more information about PeP.*

46. If you've had sex in the past 6 months, what is the HIV status of your sex partner(s)? This could be anal, vaginal, or oral sex, either receptive (bottom) or insertive (top), with any person. (Check all that apply)

- I have not had sex in the past 6 months (*skip Questions 47-49 below and go to Question 50*)
- HIV positive
- HIV negative, taking PrEP
- HIV negative, not taking PrEP
- I don't know
- I don't remember
- Prefer not to answer

47. How often do you talk about your HIV status with new sex partners? (Check one)

- Always, with every partner
- Sometimes, with some partners
- Never, my partner already knows
- Never, I always use condoms, so I don't feel like I have to share my status
- Never, I have an undetectable viral load, so I don't feel like I have to share my status
- Never, I don't feel comfortable sharing my status
- Never, I don't want to share my status
- Never, I do not have sex

48. If you've had sex in the past 6 months, how often did you use a condom (or female / internal condom) for each of the following? (Check one answer for each item below)

	Every time	Most of the time	About half of the time	Rarely	Never	N/A, I didn't do this
Getting oral sex	<input type="checkbox"/>					
Giving oral sex	<input type="checkbox"/>					
Vaginal sex	<input type="checkbox"/>					
Anal sex, receptive (bottom)	<input type="checkbox"/>					
Anal sex, insertive (top)	<input type="checkbox"/>					

49. If you've had sex in the past 6 months, and you did not use a condom, why?

(Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> I only ever have sex with one person | <input type="checkbox"/> I'm afraid my partner(s) will tell other people about my HIV status |
| <input type="checkbox"/> My sex partner(s) is living with HIV | <input type="checkbox"/> I'm not comfortable talking to partners about condoms |
| <input type="checkbox"/> My sex partner(s) is on PrEP | <input type="checkbox"/> I'm afraid of what my partner(s) will do if I bring up condoms |
| <input type="checkbox"/> My viral load is undetectable | <input type="checkbox"/> I only have oral sex, so I don't feel like I need a condom |
| <input type="checkbox"/> I don't think I can get HIV again | <input type="checkbox"/> I only use condoms when I have vaginal or anal sex, not with oral |
| <input type="checkbox"/> I can't get condoms | <input type="checkbox"/> I want to have a baby |
| <input type="checkbox"/> I don't like condoms | <input type="checkbox"/> Sex with a condom doesn't feel as good |
| <input type="checkbox"/> I'm not comfortable using condoms | <input type="checkbox"/> I only use sex toys for penetrative sex |
| <input type="checkbox"/> I'm allergic to condoms | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> I can't find condoms that fit | |
| <input type="checkbox"/> I'm too drunk / high at the time to remember to use condoms | |
| <input type="checkbox"/> I get caught up in the moment, and forget to use them | |
| <input type="checkbox"/> I don't think my partner likes condoms | |

50. In the past 12 months, did you use a needle to inject any substance, including medications, insulin, steroids, hormones, silicone, or drugs? This does not include an injection or blood test from a medical professional. (*Check one*)

- No (*skip Questions 51-52 below and go to Question 53*)
 Yes

51. In the past 12 months, how often did you share or use needles or injection equipment that somebody else may have used?

- | | |
|--|--|
| <input type="checkbox"/> N/a, I never share or use other people's needles or injection equipment | <input type="checkbox"/> Only a few times |
| <input type="checkbox"/> Never | <input type="checkbox"/> About half the time |
| | <input type="checkbox"/> Often |
| | <input type="checkbox"/> Always |

52. In the past 12 months, how often did you clean your needles or injection equipment with bleach?

- | | |
|---|--|
| <input type="checkbox"/> N/a, I never share or reuse needles or injection equipment | <input type="checkbox"/> About half the time |
| <input type="checkbox"/> Never | <input type="checkbox"/> Often |
| <input type="checkbox"/> Only a few times | <input type="checkbox"/> Always |

Final Questions...

53. In the past 12 months, did you get help for yourself from any of the following agencies? (*Check all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> AAMA | <input type="checkbox"/> Harris County Jail |
| <input type="checkbox"/> Accesshealth in Fort Bend | <input type="checkbox"/> Legacy Community Health |
| <input type="checkbox"/> AIDS Foundation Houston (AFH) | <input type="checkbox"/> Memorial Hermann |
| <input type="checkbox"/> AIDS Healthcare Foundation (AHF) | <input type="checkbox"/> Positive Efforts |
| <input type="checkbox"/> Avenue 360 Health & Wellness | <input type="checkbox"/> St. Hope Foundation |
| <input type="checkbox"/> Bee Busy Inc. | <input type="checkbox"/> TDCJ |
| <input type="checkbox"/> Bee Busy Wellness Center | <input type="checkbox"/> Texas Children's Hospital |
| <input type="checkbox"/> Bering Omega Community Services | <input type="checkbox"/> The Montrose Center (formerly
Montrose Counseling Center) |
| <input type="checkbox"/> Change Happens! | <input type="checkbox"/> Thomas Street Health Center |
| <input type="checkbox"/> Covenant House | <input type="checkbox"/> Veteran's Affairs/VA |
| <input type="checkbox"/> Fundación Latinoamericana De Acción
Social (FLAS) | <input type="checkbox"/> Other: _____ |

54. Do you know how to file a grievance or a complaint? (*Check one for each item below*)

	Yes	No
<i>With an agency</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>With Ryan White**</i>	<input type="checkbox"/>	<input type="checkbox"/>

**See the resource list attached to this survey for the Ryan White grievance/complaint lines.

Thank you for taking our survey!

Your answers will help us learn what people need for HIV care in the Houston Area.

If you have questions about this survey after today, please contact:

Ryan White Planning Council

Office of Support

(832) 927-7926

Please bring your completed survey to a staff person now.

To be updated to 2019

RESOURCE LIST – YOURS TO KEEP!

Please tear off this page and take it with you.

If you need immediate help, please contact the agencies below.

All services are available in English and Spanish.

CRISIS HOTLINES (available 24 hours/7 days)	
Abuse/Neglect Hotline (Adult, Child, Disabled)	1-800-252-5400
Coalition for the Homeless	713 739-7514
Crisis Intervention of Houston Spanish	713 HOTLINE (468-5463) 713 4AYUDA
LGBT Switchboard Helpline	713 529-3211
Rape Crisis Hotline	713 528-7273
Suicide Prevention Hotline	1-800-273-TALK (8255) 1-800-799-4TTY (4889) TTY
Teen Crisis Hotline	713 524-TEEN
Texas Youth Hotline	1-800-989-6884
Trevor Lifeline (LGBTQ youth)	1-866-488-7386
United Way	211 (713-957-4357)
Vet2Vet Crisis Hotline	1-877-VET2VET (838-2838)
Veteran Crisis Line	1-800-273-8255 (Press 1)
DOMESTIC/INTIMATE PARTNER VIOLENCE	
Aid to Victims of Domestic Abuse	713 224-9911
Domestic Violence Hotline	713 528-2121
LGBT Switchboard Helpline	713 529-3211
DOMESTIC VIOLENCE EMERGENCY SHELTER	
Fort Bend County Women's Center	281 342-HELP (4357)
Houston Area Women's Center	713 528-2121
Montgomery County Women's Center	936 441-7273
The Montrose Center (LGBT)	713 529-3211
MENTAL HEALTH CRISIS	
Emergency Psychiatric Services	713 970-7070
Tri-County Emergency Psychiatric Services (Montgomery, Liberty, and Walker counties)	1-800-659-6994
PRE-EXPOSURE PROPHYLAXIS (PrEP)	
Bee Busy Wellness Center	713 771-2292
Dr. Gorden Crofoot	713 526-0005
Houston Area Community Services (HACS)	832 384-1406
Legacy Community Health	832 548-5221
St. Hope Foundation	713 778-1300
SUBSTANCE & ALCOHOL ABUSE	
Alcoholics Anonymous	713 686-6300
Al-Anon	713 683-7227
Cocaine Anonymous	713 668-6822
Narcotics Anonymous	713 661-4200
Palmer Drug Abuse Program	281 589-4602
QUESTIONS ABOUT THE SURVEY	
	713 572-3724

GRIEVANCE/COMPLAINT PROCEDURES

If you have questions on how to file a complaint with one of the agencies listed below regarding a Ryan White funded service, please contact:

FUNDED AGENCIES

RYAN WHITE PART A:

- Accesshealth (Fort Bend)
- Houston Area Community Services
- Houston Health Department
- Legacy Community Health
- Montrose Center
- St. Foundation
- Thomas Street Health Center
- UT Health Science Center (pediatrics)
- VA Medical Center

RYAN WHITE PART B & STATE SERVICES

- Bering Omega Community Services
- Harris County Jail
- Legacy Community Health
- Montrose Center
- Saint Hope Foundation

RYAN WHITE PART A:

English: 713-439-6089

Spanish: 713-439-6095

Or write to:

Harris County Public Health Services
Ryan White Grant Administration
2223 West Loop South, Suite 417
Houston, TX 77027

RYAN WHITE PART B & STATE SERVICES:

Reachelian Ellison, Consumer Relations
Coordinator

713-526-1016, Ext. 104

rellison@hivtrg.org

Or write to:

Houston Regional HIV/AIDS Resource
Group
500 Lovett Boulevard, Suite 100
Houston, TX 77006

If your complaint remains unresolved after you have followed all procedures with the agency, you will be informed on how to file a formal grievance.

Proposed Needs Assessment Group Activities Timeline
February 2019 – March 2020

Draft
Updated 05-01-19

Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019
Needs Assessment Group (NAG) meets to design Needs Assessment (NA) process ✓	Survey Workgroup creates survey tool – 3/18/19, 11a – 1p ✓	NAG approves survey tool and sampling plan – 4/15/19, 1p – 3p ✓	Analysis Workgroup adopts principles for data analysis (will set soon)	NA data collection and entry continues	NA data collection and entry continues NAG update – 7/15/19, 1p – 3p	NA data collection and entry continues
	Epi Workgroup convenes to create sampling plan – 3/18/19, 2p – 4p ✓	NA data collection and entry begins ✓	NA data collection and entry continues	Focus Group: Case Mgmt Staff – 6/19/19	Focus Group: Outreach Staff – 7/10/19	Focus Group: Prevention / Linkage Staff
Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
NA data collection and entry ends, cleaning and analysis begins	Analysis WG convenes to review preliminary findings	Analysis concludes, staff write report	Committee approves NA report	No activities	Steering and Council approve NA report	Report findings prepared for HTBMN and priority setting processes
Focus Group: HSDA/Rural consumers	Focus Group: EMA/Urban consumers	NAG reviews/approves NA report – 11/18/19, 1p – 3p				

2019 Houston Area HIV Needs Assessment Group (NAG) Analysis Workgroup

Principles for the FY 2019 Needs Assessment Analysis

(Approved by the Workgroup on 06-21-19)

1. Needs assessment is an ongoing process of collecting and analyzing information about the needs of PLWH from a variety of data sources in order to provide a sound information base for HIV services planning and decision making in the EMA/HSDA.
2. Primary data collected directly from PLWH (“consumer survey”) are the Planning Council’s principal source of information on what services are needed, what barriers to services exist, and what conditions are experienced that may influence services. Focus groups provide context to help interpret findings from the survey.
3. Results from the consumer survey and focus groups should have meaningful use for the Planning Council; therefore, analytics performed on the data will be prioritized for the following purposes:
 - a) Reviewing service definitions (*How to Best Meet the Need*)
 - b) Analyzing needs by a specific PLWH population group, risk factor, geographic area, or other characteristic, and determining if there is a need to target services
 - c) Setting priorities for the allocation of funds
 - d) Evaluation and monitoring of the comprehensive plan
 - e) Determining the need for special studies of service gaps or PLWH subpopulations
 - f) In response to specific data requests made by the Planning Council or its Committees
 - g) Use by specific Ryan White Parts, providers, or other partners to assess services
4. Results should be presented in a format and with a level of detail that is understandable and useful by individuals of varying technical backgrounds and familiarity with data.
5. Results should produce information about documented need for services as well as emerging need for services using a social determinants framework.
6. Though sampling methods and quality control measures have been applied to survey data, limitations to the data and data analysis will exist. However, data collected through this process represent the most current and comprehensive primary data source on PLWH needs in the EMA/HSDA. Other data sources should be used to provide context for and to better understand the results.
7. Per HRSA guidance, a comprehensive consumer survey should be administered only every three years in order to avoid “survey fatigue.” As such, survey results will be used in Planning Council activities for the subsequent three year period. Other sources of needs assessment data, such as epidemiologic data and unmet need estimates, will be produced during interim years of the cycle.

**2019 QUARTERLY REPORT
COMPREHENSIVE HIV PLANNING COMMITTEE**

Status of Committee Goals and Responsibilities (*means mandated by HRSA):

1. Assess, evaluate, and make ongoing recommendations for the Comprehensive HIV Prevention and Care Services Plan and corresponding areas of the End HIV Plan.

*Completed in 1st Quarter

2. *Determine the size and demographics of the estimated population of individuals who are unaware of their HIV status.

*evaluation workgroup meetings continuing throughout course of year
summer meeting / FY 2020 E/H/A

3. *Work with the community and other committees to develop a strategy for identifying those with HIV who do not know their status, make them aware of their status, and link and refer them into care.

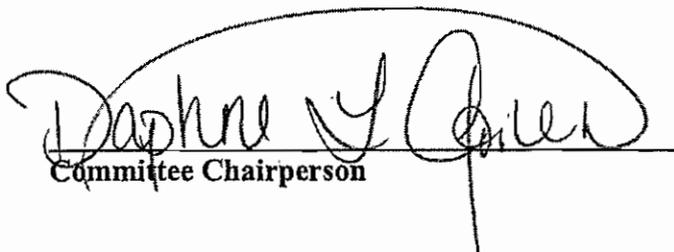
summer meeting / FY 2020 E/H/A

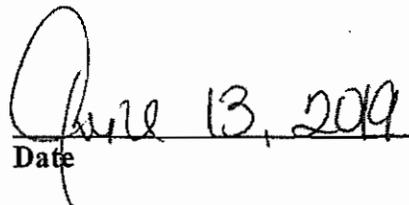
4. *Explore and develop on-going needs assessment and comprehensive planning activities including the identification and prioritization of special studies.

*In process of needs assessment

5. *Review and disseminate the most current Joint Epidemiological Profile.

*In progress


Committee Chairperson


Date

Affected Community Committee Report

GETTING THE MOST FROM THE BLUE BOOK RESOURCE GUIDE

When looking for a TYPE of service (such as a children’s clinic or emergency housing) use the TABLE OF CONTENTS on page 4.

- ✂ If you don’t see the service you need, it might be included under another category.
- ✂ The *Miscellaneous* category lists uncommon services such as help with pet care when you are hospitalized.
- ✂ The *Table of Contents* is in English and Spanish; you can find the translation for a service category by matching up the page numbers.

The LEGEND is located on page 1, facing the inside front cover.

- ✂ *Legend Codes* are included in the *Service Category* sections and the *Alphabetical Listing*. These codes provide information about eligibility, populations served, payment options and more.

The SERVICE CATEGORY sections begin on page 21. These are lists of agencies grouped by the service they provide.

- ✂ Each service category list includes agency name, phone number, the area of town in which they are located and the legend codes.
- ✂ For more information about an agency and other services they provide, refer to their entry in the *Alphabetical Listing*.

If you know the name of an agency and need more information about it, refer to the ALPHABETICAL LISTING beginning on page 87.

- ✂ Each agency listing includes contact information, service area restrictions and information about the services that they provide.
- ✂ When available, program-specific information is also included.

ADDITIONAL SECTIONS

CPCDMS Client Registration (page 7):

- ✂ This section lists the required and acceptable forms of documentation needed to register for Ryan White services as well as the contact information for the registration sites.

Client Rights and Complaint Procedures (page 17)

- ✂ Ryan White Client Rights and the procedure and contact information for filing a complaint.

Harris Health System Eligibility, AKA the “Gold Card” (page 18)

- ✂ Information on how and where to apply and the documentation needed to apply.



Housing Opportunities for Persons with AIDS (page 54):

- ⓧ A list of HOPWA funded agencies and description of the various services provided by HOPWA.

Information and Resources for the Formerly Incarcerated (page 37):

- ⓧ Information from the Mini Blue Book used in TDCJ and the Harris County Jail as well as a listing of agencies that indicate they serve this population.

Information and Resources for Hepatitis C (page 45):

- ⓧ Hepatitis C treatment resources, patient assistance programs, support groups, publications, websites and more.

Patient Assistance and Co-Pay Programs (page 72, with Prescription Assistance):

- ⓧ A listing of commonly prescribed HIV medications with contact info for the pharmaceutical company's patient assistance and co-pay assistance programs (as applicable) for each.

Information on Getting Involved with the Ryan White Planning Council (pages 165-166):

- ⓧ A general timeline of what the Planning Council does each year and information about Project LEAP.

Affected Community Committee
2019 Community Events (as of 06-27-19)

Point Person (PP): Committee member who picks up display materials and returns them to the Office of Support.

Day, date, times	Event	Location	Participants
Sunday, March 3 1 pm-Walk	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown 1100 Bagby Street, 77002	<u>Need 3 volunteers – distribute LEAP flyers:</u> Tana, Tony and Ronnie
Friday, May 31 10 am – 2 pm	SPRY Senior Health and Resource Fair	Montrose Center	<u>Need 4 volunteers:</u> PP: Isis, Rodney, Tana, Ronnie and Eddie G.
Sun. June 2	Long-Term HIV Survivors Event	Neon Boots	<u>Need 5 Volunteers:</u> PP: Skeet, Tana, Tony, Ronnie and Johnny
June 22	Pride Festival	Downtown near City Hall	<u>Shift 1 (11:30 am-2 pm):</u> PP: Rod, Tana, Skeet & Ronnie <u>Shift 2 (2-4:30 pm):</u> Tana, Holly & Veronica <u>Shift 3 (4:30-7 pm):</u> PP: Isis, Johnny and maybe Tony
Monday, July 8 5 – 7 pm,	Camino hacia tu Salud	Postive713 Leonel Castillo Community Center 2101 South Street, 77009	<u>Need 6 Volunteers:</u> PP: Rod, Isis, Tana, Skeet, Ronnie, Johnny and Tony
12 noon, Wed. Aug. 7	Road 2 Success 1.) Case Mgrs.	AIDS Foundation Houston	<u>Need 6 Volunteers:</u> PP: Tori & Rod, Tana, Rodney, Isis, and Mel
11:30 am, Wed. Aug. 21	2.) Consumers		<u>Need 6 Volunteers:</u> PP: Tori & Rod, Isis, Rodney, Tana, and Ronnie
August or September	Road 2 Success	Thomas Street Health Center	<u>Need 6 Volunteers:</u> PP: Rod, Lionel, Skeet, Ronnie, Holly and Veronica
Monday, October 14 5 – 7 pm	Camino hacia tu Salud	Positive713 Leonel Castillo Community Center 2101 South Street, 77009	<u>Need 6 Volunteers:</u> PP: Rod, Tana, Isis, Skeet, Ronnie and Johnny
October	MISS UTOPIA	NOTE CHANGE OF VENUE IN 2018 CROWNE PLAZA HOUSTON (Near Reliant - Medical) 8686 Kirby Drive Houston, Texas 77054	<u>4 Volunteers:</u> PP: DISTRIBUTE LEAP FLYERS
November or December	Road 2 Success		<u>Need 6 Volunteers:</u> PP: Rod,
Sunday, December 1	World AIDS Day Events	SEE CALENDAR OF EVENTS	Most committee members attend events DISTRIBUTE LEAP FLYERS

Greeters for 2019 Council Meetings

(Revised: 06-27-19)

2019 Meeting Dates (Please arrive at 11:45 a.m. Unless otherwise noted, the meetings are held at 2223 W. Loop South)	Greeter #1 External Member	Greeter #2	Greeter #3
Thurs. March 14	Skeet	Tony	Ronnie
Thurs. April 11	Lionel	Veronica	Holly
Thurs. May 9	Lionel	Rodney	Tony
Thurs. June 13 – LEAP presentation	Ronnie	Tony	Skeet
Thurs. July 11	Skeet	Veronica	Holly
Thurs. August 8	Skeet	Johnny	Ronnie
Thurs. September 12	Skeet	Veronica	Holly
Thurs. October 10	Skeet	Tana	Ronnie
Thurs. November 14 External Committee Member Appreciation			
Thurs. December 12			

Quality Improvement Committee Report

Training on Standards of Care



General Standard 3.2: “Agency has Policy and Procedure regarding client Confidentiality [...] Providers must implement mechanisms to ensure protection of clients’ confidentiality in all processes throughout the agency.”

All our nurses now have degrees...unfortunately nurse Pflorhite is in the expressive arts!

Oral Health 2.8: “Oral hygiene instructions (OHI) should be provided annually to each client.”

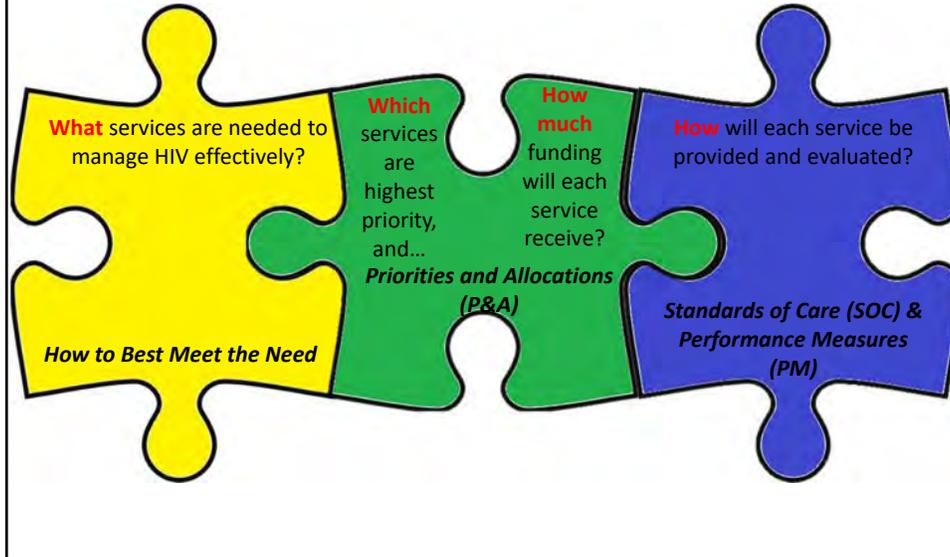
“Mrs. Cranley! You need to sign this HIPAA privacy form before the doctor can look at those warts on your stomach!”

To help emphasize good oral hygiene in kids, Dr. Remford installed a dental floss zipline in his office.

Primary Medical Care 1.1:
 “Medical care for [PLWH] shall be provided by MD, NP, CNS or PA licensed in the State of Texas and has at least two years paid experience in HIV/AIDS care including fellowship.”

2

Components of the Process



Houston Has Standards!

If you were planning on buying a car, what are some basic features you would expect to “come standard” with a good quality car?

- A working engine
- Steering wheel
- Brakes
- Seatbelts
- Air conditioner – A must-have in Houston!

Just as you would expect basic features to “come standard” when buying a car, you can also expect basic levels of quality to “come standard” with HIV care services in Houston. We call these Standards of Care (SOC).



Official Definitions

- **Standard of Care (SOC)**

A *statement* of the minimal acceptable levels of quality in HIV service delivery by Ryan White funded providers in a local jurisdiction.

- **Performance Measure (PM)**

A *measurement* of the impact of HIV care, treatment, and support services provided by Ryan White funded providers in a local jurisdiction.



A Little Background on SOC...

- First developed in 1999 as a way to monitor provider contracts
- Every year since, workgroups are held to review the Standards with the community that include physicians, nurses, case managers, administrators, and consumers
- Based on
 1. Accepted industry guidelines
 2. On-site program monitoring results, and
 3. Provider and consumer input
- Apply to services funded by Ryan White Parts A and B, and State Services.
- Maintained by the Administrative Agents (AAs)
 - RW/A = Ryan White Grant Administration
 - RW/B and State Services = The HIV Resource Group



What SOC Are

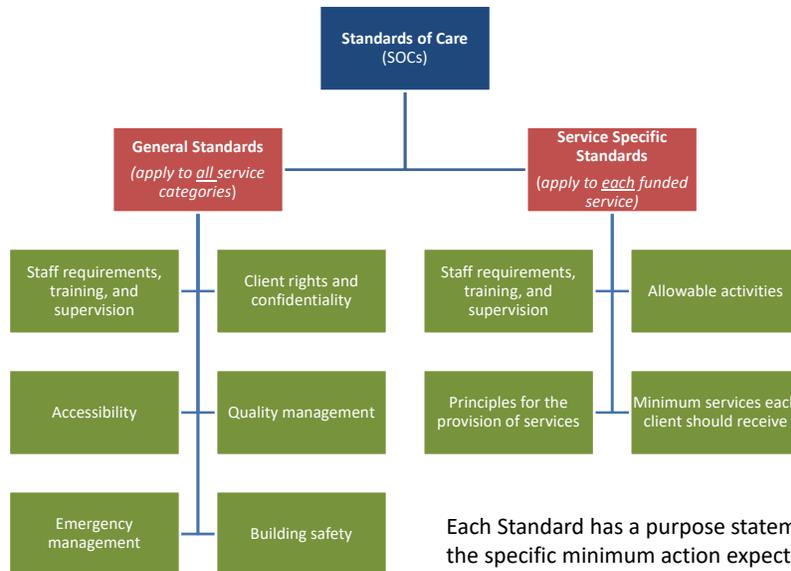
- A way of letting providers and consumers know what constitutes quality care and services for PLWH
- A tool for making sure Ryan White-funded services are delivered according to minimum industry standards and guidelines
- One of many data sources for measuring how well Ryan White-funded services are meeting overall community goals



What SOC Aren't

- A way to evaluate how a specific Ryan White-funded agency conducts business (*Agency monitoring is done by the AAs*)
- A way to decide which agency in Houston gets Ryan White money (*RFPs and agency contracts are coordinated by the AAs*)
- Guidelines for HIV services provided by *non-Ryan White-funded* agencies

Organization of the SOCs



Each Standard has a purpose statement, the specific minimum action expected, and a way to measure it.

GENERAL STANDARDS		
	Standard	Measure
1.0	Staff Requirements	
1.1	<p>Staff Screening (Pre-Employment) Staff providing services to clients shall be screened for appropriateness by provider agency as follows:</p> <ul style="list-style-type: none"> • Personal/Professional references • Personal interview • Written application <p>Criminal background checks, if required by Agency Policy, must be conducted prior to employment and thereafter for all staff and/or volunteers per Agency policy.</p>	<ul style="list-style-type: none"> • Review of Agency's Policies and Procedures Manual indicates compliance • Review of personnel and/or volunteer files indicates compliance
1.2	<p>Initial Training: Staff/Volunteers Initial training includes eight (8) hours HIV/AIDS basics, safety issues (fire & emergency preparedness, hazard communication, infection control, universal precautions), confidentiality issues, role of staff/volunteers, agency-specific information (e.g. Drug Free Workplace policy). Initial training must be completed within 60 days of hire.</p>	<ul style="list-style-type: none"> • Documentation of all training in personnel file. • Specific training requirements are specified in Agency Policy and Procedure • Materials for staff training and continuing education are on file • Staff interviews indicate compliance
1.3	<p>Staff Performance Evaluation Agency will perform annual staff performance evaluation.</p>	<ul style="list-style-type: none"> • Completed annual performance evaluation kept in employee's file • Signed and dated by employee and supervisor (includes electronic signature)
1.4	<p>Cultural and HIV Mental Health Co-morbidity Competence Training/Staff and Volunteers All staff tenured 0 – 5 year with their current employer must receive four (4) hours of cultural competency training and an additional one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually. All new employees must complete these within ninety (90) days of hire.</p>	<ul style="list-style-type: none"> • Documentation of training is maintained by the agency in the personnel file

As of **October 2, 2015**

4

SERVICE SPECIFIC STANDARDS OF CARE		
Case Management (All Case Management Categories)		
<p>Case management services in HIV care facilitate client access to health care services, assist clients to navigate through the wide array of health care programs and ensure coordination of services to meet the unique needs of PLWHA. It also involves client assessment to determine client's needs and the development of individualized service plans in collaboration with the client to mitigate clients' needs. Ryan White Grant Administration funds three case management models i.e. one psychosocial and two clinical/medical models depending on the type of ambulatory service within which the case management service is located. The scope of these three case management models namely, Non-Medical, Clinical and Medical case management services are based on Ryan White HIV/AIDS Treatment Modernization Act of 2006 (HRSA)² definition for non-medical and medical case management services. Other resources utilized include the current <i>National Association of Social Workers (NASW) Standards for Social Work Case Management</i>³. Specific requirements for each of the models are discussed under each case management service category.</p>		
1.0	Staff Training	
1.1	<p>Required Meetings Case Managers and Service Linkage Workers Case managers and Service Linkage Workers will attend on an annual basis a minimum of four (4) of the five (5) bi-monthly networking meetings facilitated by RWGA. Case Managers and Service Linkage Workers will attend the "Joint Prevention and Care Coordination Meeting" held annually and facilitated by the RWGA and the City of Houston STD/HIV Bureau. Medical Case Management (MCM), Clinical Case Management (CCM) and Service Linkage Worker Supervisors will attend on an annual basis a minimum of five (5) of the six (6) bi-monthly Supervisor meetings facilitated by RWGA (in the event a MCM or CCM supervises SLW staff the MCM or CCM must attend the Supervisor meetings and may, as an option, attend the networking meetings)</p>	<ul style="list-style-type: none"> • Agency will maintain verification of attendance (RWGA will also maintain sign-in logs)
<p>² US Department of Health and Human Services, Health Resources and Services Administration HIV/AIDS Bureau (2009). Ryan White HIV/AIDS Treatment Modernization Act of 2006: Definitions for eligible services ³ National Association of Social Workers (1992). NASW standards for social work case management. Retrieved 02/9/2009 from www.socialworkers.org/practice/standards/sw_case_mgmt.asp</p>		
As of October 2, 2015		
19		

Organization of the PMs

All Performance Measures (PMs) are service-specific

- Each PM is a system-wide measure that helps evaluate the impact of HIV services on the health status of the people living with HIV in the Houston area.
- PMs are based on current U.S. Department of Health and Human Services (HHS) Guidelines for HIV health care and community input.
- In general, PMs assess the percentage of consumers who, following receipt of a specific service:
 1. Entered into and/or were retained in HIV medical care
 2. Experienced improvement in HIV health indicators like CD4 counts and viral load suppression
 3. Received recommended medical, oral, and optical screening, care, and follow-up
 4. Were screened for and received mental health or substance abuse services if needed
 5. Obtained housing if homeless or unstably housed
 6. Secured 3rd party health care coverage (insurance) if uninsured, and/or
 7. Other service-specific measures

Ryan White Part A
HIV Performance Measures
FY 2016 Report

Clinical Case Management
All Providers

For FY 2016 (3/1/2016 to 2/28/2017), 1,406 clients utilized Part A clinical case management.

HIV Performance Measures	FY 2015	FY 2016	Change
A minimum of 75% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing clinical case management	402 (39.5%)	685 (48.7%)	9.2%
Percentage of clinical case management clients who utilized mental health services	247 (24.3%)	360 (25.6%)	1.3%
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	382 (73.0%)	501 (69.0%)	-4.0%
Percentage of clients who were homeless or unstably housed	267 (26.2%)	322 (22.9%)	-3.3%

According to CPCDMS, 33 (2.4%) clients utilized primary care for the first time and 118 (8.4%) clients utilized mental health services for the first time after accessing clinical case management.

Clinical Chart Review Measures	FY 2015
Percentage of HIV-infected clinical case management clients who had a case management care plan developed and/or updated two or more times in the measurement year	80%
Percentage of clients identified with an active substance abuse condition receiving Ryan White funded substance abuse treatment*	0%

*Data was not collected in FY 2015



Take-Home Messages

- Standards of Care set the minimum acceptable levels of *quality* of HIV care, treatment, and support services provided to PLWH by Ryan White funded providers
- Performance Measures provide a way to evaluate the system-wide impact of HIV services on the health status of the people living with HIV in the Houston area.
- SOCs and PMs do *not* evaluate a specific individual provider or agency, nor do they determine which provider/agency receives Ryan White funds
- Consumers have an important role in the SOC/PM process. They review the standards and make recommendation for improvements, and they serve as a voice of the consumer in defining quality of HIV care.

FY 2018 Ryan White Part A and MAI Service Utilization Report

SUR - 4th Quarter Cumulative (3/1-2/28)																	
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,467	7,785	74%	26%	48%	14%	2%	35%	0%	0%	4%	27%	27%	13%	26%	2%
1.a	Primary Care - Public Clinic (a)	2,350	3,498	69%	31%	51%	10%	2%	37%	0%	0%	2%	19%	26%	15%	34%	4%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	1,793	69%	31%	99%	0%	1%	0%	0%	0%	8%	39%	27%	10%	15%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	1,337	85%	15%	0%	0%	0%	100%	0%	1%	6%	29%	30%	14%	19%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	721	88%	12%	0%	88%	12%	0%	0%	0%	3%	27%	21%	15%	31%	3%
1.e	Primary Care - CBO Targeted to Rural (a)	400	633	71%	29%	47%	24%	2%	27%	0%	0%	7%	32%	27%	11%	21%	1%
1.f	Primary Care - Women at Public Clinic (a)	1,000	1,078	0%	100%	61%	8%	2%	29%	0%	0%	1%	14%	29%	18%	33%	5%
1.g	Primary Care - Pediatric (a)	7	11	73%	27%	36%	9%	0%	55%	9%	45%	45%	0%	0%	0%	0%	0%
1.h	Vision	1,600	2,716	75%	25%	48%	16%	2%	34%	0%	0%	5%	24%	22%	14%	32%	3%
2	Medical Case Management (f)	3,075	5,318														
2.a	Clinical Case Management	600	1,096	73%	27%	64%	18%	2%	17%	0%	0%	5%	28%	25%	11%	28%	3%
2.b	Med CM - Targeted to Public Clinic (a)	280	683	90%	10%	61%	9%	1%	29%	0%	1%	3%	27%	22%	13%	32%	3%
2.c	Med CM - Targeted to AA (a)	550	1,716	69%	31%	99%	0%	1%	0%	0%	0%	8%	35%	25%	10%	20%	2%
2.d	Med CM - Targeted to H/L(a)	550	959	85%	15%	0%	0%	0%	100%	0%	1%	6%	33%	30%	10%	18%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	639	87%	13%	0%	88%	11%	0%	0%	0%	3%	26%	19%	14%	34%	3%
2.f	Med CM - Targeted to Rural (a)	150	737	70%	30%	48%	26%	2%	23%	0%	0%	7%	27%	23%	11%	28%	4%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	272	0%	100%	66%	7%	3%	23%	0%	0%	1%	17%	30%	18%	30%	3%
2.h	Med CM - Targeted to Pedi (a)	125	104	63%	37%	73%	4%	0%	23%	64%	26%	10%	0%	0%	0%	0%	0%
2.i	Med CM - Targeted to Veterans	200	182	96%	4%	70%	20%	1%	9%	0%	0%	0%	2%	4%	7%	64%	23%
2.j	Med CM - Targeted to Youth	120	26	96%	4%	46%	8%	0%	46%	0%	19%	81%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	2,845	4,654	77%	23%	48%	15%	2%	35%	0%	0%	5%	30%	28%	13%	22%	1%
4	Oral Health	200	327	70%	30%	43%	31%	2%	25%	0%	0%	5%	20%	30%	10%	31%	4%
4.a	Oral Health - Untargeted (d)	NA	NA	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
4.b	Oral Health - Rural Target	200	327	70%	30%	43%	31%	2%	25%	0%	0%	5%	20%	30%	10%	31%	4%
5	Mental Health Services (d)	NA	NA														
6	Health Insurance	1,700	1,753	81%	19%	44%	27%	3%	26%	0%	0%	2%	16%	20%	14%	41%	8%
7	Home and Community Based Services (d)	NA	NA														
8	Substance Abuse Treatment - Outpatient	40	28	96%	4%	21%	50%	4%	25%	0%	0%	0%	43%	21%	18%	18%	0%
9	Early Medical Intervention Services (d)	NA	NA														
10	Medical Nutritional Therapy/Nutritional Supplements	650	474	78%	22%	42%	20%	3%	35%	0%	0%	2%	14%	14%	16%	46%	8%
11	Hospice Services (d)	NA	NA														
12	Outreach	NA	887	74%	26%	59%	13%	1%	27%	0%	0%	7%	31%	25%	13%	21%	2%
13	Non-Medical Case Management	7,045	8,037														
13.a	Service Linkage Targeted to Youth	320	180	82%	18%	59%	4%	4%	33%	0%	12%	88%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	129	67%	33%	64%	6%	3%	26%	0%	0%	0%	53%	23%	9%	13%	2%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	3,578	67%	33%	60%	10%	2%	28%	0%	0%	0%	18%	23%	14%	39%	6%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	4,150	78%	22%	52%	14%	2%	31%	0%	1%	6%	30%	23%	13%	24%	2%
14	Transportation	2,850	3,430														
14.a	Transportation Services - Urban	170	597	69%	31%	60%	12%	3%	24%	0%	0%	6%	30%	23%	14%	24%	3%
14.b	Transportation Services - Rural	130	171	70%	30%	40%	34%	2%	24%	0%	1%	4%	19%	26%	13%	33%	5%
14.c	Transportation vouchering	2,550	2,662														
15	Linguistic Services (d)	NA	NA														
16	Emergency Financial Assistance (e)	NA	NA														
17	Referral for Health Care - Non Core Service (d)	NA	NA														
Net unduplicated clients served - all categories*		12,941	13,728	74%	26%	53%	15%	2%	30%	0%	1%	4%	24%	23%	12%	30%	4%
Living AIDS cases + estimated Living HIV non-AIDS (from FY 17 App) (b)		NA	22,830	74%	26%	49%	23%	3%	25%	0%	6%		18%	27%	30%	18%	
*11,657 clients to be served is based on the number of unduplicated clients served in FY 2016 (update per CPCOMS)																	

FY 2018 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report																	
Priority	Service Category	Goal	Unduplicated MAI Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	MAI unduplicated served includes clients also served under Part A																
	Outpatient/Ambulatory Primary Care (excluding Vision)																
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	2,432	72%	28%	100%	0%	0%	0%	0%	1%	7%	36%	25%	11%	19%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,551	86%	14%	0%	0%	0%	100%	0%	1%	6%	31%	30%	13%	17%	2%
	2 Medical Case Management (f)																
2.c	Med CM - Targeted to AA (a)	1,060	873	78%	22%	50%	16%	2%	32%	0%	2%	9%	34%	27%	11%	16%	1%
2.d	Med CM - Targeted to H/L(a)	960	167	81%	19%	57%	21%	4%	18%	0%	1%	11%	35%	23%	8%	18%	4%
RW Part A New Client Service Utilization Report																	
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/12 - 2/28/13)																	
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	2,100	1,858	76%	24%	54%	13%	2%	30%	0%	1%	9%	34%	25%	11%	18%	2%
2	LPAP	1,200	873	78%	22%	50%	16%	2%	32%	0%	2%	9%	34%	27%	11%	16%	1%
3.a	Clinical Case Management	400	167	81%	19%	57%	21%	4%	18%	0%	1%	11%	35%	23%	8%	18%	4%
3.b-3.h	Medical Case Management	1,600	1443	76%	24%	54%	14%	2%	29%	2%	2%	10%	34%	23%	10%	18%	2%
3.i	Medical Case Management - Targeted to Veterans	60	40	98%	3%	65%	20%	0%	15%	0%	0%	0%	3%	10%	15%	48%	25%
4	Oral Health	40	65	80%	20%	49%	28%	0%	23%	0%	2%	15%	28%	25%	9%	20%	2%
12.a.	Non-Medical Case Management (Service Linkage)	3,700	2,271	74%	26%	58%	12%	2%	28%	0%	2%	8%	30%	23%	11%	23%	3%
12.c.																	
12.d.																	
12.b	Service Linkage at Testing Sites	260	148	74%	26%	63%	5%	3%	29%	0%	1%	24%	40%	17%	7%	9%	1%
Footnotes:																	
(a)	Bundled Category																
(b)	Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.																
(d)	Funded by Part B and/or State Services																
(e)	Not funded in FY 2017																
(f)	Total MCM served does not include Clinical Case Management																

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FY 2018 PERFORMANCE MEASURES HIGHLIGHTS

RYAN WHITE GRANT ADMINISTRATION

HARRIS COUNTY PUBLIC HEALTH (HCPH)

HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

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Highlights from FY 2018 Performance Measures

Measures in this report are based on the 2018/2019 Houston Ryan White Quality Management Plan, Appendix B. HIV Performance Measures.

Clinical Case Management

- During FY 2018, from 3/1/2018 through 2/28/2019, 1,096 clients utilized Part A clinical case management. According to CPCDMS, 542 (50%) of these clients accessed primary care two or more times at least three months apart during this time period after utilizing clinical case management.
- Among these clients, 30% accessed mental health services at least once during this time period after utilizing clinical case management.
- For clients who have lab data in CPCDMS, 79% were virally suppressed.

Medical Case Management

- During FY 2018, 6,083 clients utilized Part A medical case management. According to CPCDMS, 3,177 (52%) of these clients accessed primary care two or more times at least three months apart during this time period after utilizing medical case management.
- Among these clients, 13% of clients accessed mental health services at least once during this time period after utilizing medical case management.
- For clients who have lab data in CPCDMS, 73% were virally suppressed.

Outreach

- During FY 2018, 311 (39%) clients accessed primary care within three months of their first outreach visit.
- 46% of clients moved from an unsuppressed to suppressed viral load status during this time period.

Primary Medical Care

- During FY 2018, 8,059 clients utilized Part A primary medical care. According to CPCDMS, 4,624 (75%) of these clients accessed primary care two or more times at least three months apart during this time period.
- Among clients whose initial primary care medical visit occurred during this time period, 304 (20%) had a CD4 < 200 within the first 90 days of initial enrollment in primary medical care.
- Among these clients, 82% had a viral load test performed at least every six months during this time period. Among clients with viral load tests, 76% were virally suppressed during this time period.
- 71% of new clients were engaged in care during this time period.
- During FY 2018, the average wait time for an initial appointment availability to enroll in primary medical care was 12 days, while the average wait time for an appointment availability to receive primary medical care was 9 days.

Service Linkage (Non-Medical Case Management)

- During FY 2018, 7,646 clients utilized Part A non-medical case management / service linkage. According to CPCDMS, 3,548 (46%) of these clients accessed primary care two or more times at least three months apart during this time period after utilizing non-medical case management.
- Among these clients, 49% of clients utilized primary medical care for the first time after accessing service linkage for the first time.
- The median number of days between the first service linkage visit and the first primary medical care visit was 14 days during this time period.

Substance Abuse Treatment

- During FY 2018, 16 (57%) clients utilized primary medical care after accessing Part A substance abuse treatment services.
- Among clients with viral load tests, 69% were virally suppressed during this time period.

Transportation

- Van-Based Transportation:
 - During FY 2018, 491 (64%) clients accessed primary care after utilizing van transportation services.
 - Among van-based transportation clients, 54% clients accessed LPAP services at least once during this time period after utilizing van transportation services.
- Bus Pass Transportation:
 - During FY 2018, 926 (35%) clients accessed primary care after utilizing bus pass services.
 - Among bus pass clients, 22% of clients accessed LPAP services at least once during this time period after utilizing bus pass services.
 - Among bus pass clients, 76% clients accessed any RW or State service after accessing bus pass services.

Vision Care

- During FY 2018, 993 clients were diagnosed with HIV/AIDS related and general ocular disorders. Among 245 clients with follow-up appointments, 21% of clients had disorders that were either resolved or improved, while 59% of clients had disorders that remained the same.

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Clinical Case Management
All Providers

For FY 2018 (3/1/2018 to 2/28/2019), 1,096 clients utilized Part A clinical case management.

HIV Performance Measures	FY 2017	FY 2018	Change
A minimum of 75% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing clinical case management	632 (50.0%)	542 (49.5%)	-0.5%
35% of clinical case management clients will utilize mental health services	328 (25.9%)	328 (30.0%)	4.1%
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	466 (71.1%)	453 (78.6%)	7.5%
Less than 15% of clients will be homeless or unstably housed	217 (17.2%)	164 (15.0%)	-2.2%

According to CPCDMS, 15 (1.4%) clients utilized primary care for the first time and 80 (7.3%) clients utilized mental health services for the first time after accessing clinical case management.

Clinical Chart Review Measures	FY 2017
85% of clinical case management clients will have a case management care plan developed and/or updated two or more times in the measurement year	*NA
Percentage of clients identified with an active substance abuse condition receiving Ryan White funded substance abuse treatment	*NA

*Clinical Case Management chart review was not performed for FY 2017 – review will be performed starting with FY 2018.

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Health Insurance Assistance
All Providers

HIV Performance Measures	FY 2017	FY 2018	Change
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	1,252 (76.1%)	1,421 (81.0%)	4.9%

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Local Pharmacy Assistance
All Providers

HIV Performance Measures	FY 2017	FY 2018	Change
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	2,913 (72.3%)	3,092 (77.4%)	5.1%

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Medical Case Management
All Providers

For FY 2018 (3/1/2018 to 2/28/2019), 6,083 clients utilized Part A medical case management.

HIV Performance Measures	FY 2017	FY 2018	Change
A minimum of 85% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing medical case management	2,626 (50.6%)	3,177 (52.2%)	1.6%
15% of medical case management clients will utilize mental health services	699 (13.5%)	799 (13.1%)	-0.4%
45% of clients who have third-party payer coverage (e.g. Medicare, Medicaid, private insurance) after accessing medical case management	*NA	458 (7.5%)	NA
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	2,004 (67.5%)	2,468 (73.4%)	5.9%
50% of clients will have at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits	849 (36.9%)		
Less than 20% of clients will have more than a six month gap in medical care in the measurement year	660 (25.5%)	753 (24.3%)	-1.2%
Less than 15% of clients will be homeless or unstably housed	1,001 (19.3%)	1,022 (16.8%)	-2.5%

According to CPCDMS, 184 (3.0%) clients utilized primary care for the first time and 246 (4.0%) clients utilized mental health services for the first time after accessing medical case management.

Clinical Chart Review Measures	FY 2017
60% of medical case management clients will have a case management care plan developed and/or updated two or more times in the measurement year	5.0%

*Note that there was a change in the methodology of how this data is analyzed. Due to the way insurance data is collected, FY17 data cannot be re-evaluated.

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Medical Nutritional Supplements
All Providers

HIV Performance Measures	FY 2017	FY 2018	Change
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	384 (80.7%)	389 (84.6%)	3.9%
90% of clients diagnosed with wasting syndrome or suboptimal body mass will improve or maintain body mass index (BMI) in the measurement year	6 (60.0%)	8 (66.7%)	6.7%

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Oral Health Care
All Providers

Clinical Chart Review Measures*	FY 2016	FY 2017
100% of oral health clients will have a dental health history (initial or updated) at least once in the measurement year	87%	95%
100% of oral health clients will have a medical health history (initial or updated) at least once in the measurement year	87%	95%
90% of oral health clients will have a dental treatment plan developed and/or updated at least once in the measurement year	94%	99%
85% of oral health clients will receive oral health education at least once in the measurement year	88%	99%
90% of oral health clients will have a periodontal screen or examination at least once in the measurement year	84%	81%
60% oral health clients will have a Phase 1 treatment plan that is completed within 12 months	27%	27%

* To review the full FY 2017 chart review reports, please visit:
<http://publichealth.harriscountytexas.gov/Services-Programs/Programs/RyanWhite/Quality>

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Outreach Services
All Providers

HIV Performance Measures	FY 2017	FY 2018	Change
Percentage of clients who attended a primary care visit within three months of the first Outreach visit	102 (45.9%)	311 (39.1%)	-6.8%
Percentage of clients who attended a primary care visit within three months of the first Outreach visit and a subsequent visit 6 to 12 months thereafter	67 (30.2%)	*NA	NA
Percentage of clients who went from an unsuppressed VL (≥ 200 copies/ml) to a suppressed viral load (< 200 copies/ml) in the project year	101 (48.3%)	223 (45.7%)	-2.6%

*Please note that due to the time parameters for this measure, data can only be produced for the previous fiscal year.

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Primary Medical Care
All Providers

For FY 2018 (3/1/2018 to 2/28/2019), 8,059 clients utilized Part A primary medical care.

HIV Performance Measures	FY 2017	FY 2018	Change
90% of clients will have two or more medical visits, at least 90 days apart, in an HIV care setting in the measurement year	4,231 (73.2%)	4,624 (74.5%)	1.3%
Less than 20% of clients will have a CD4 < 200 within the first 90 days of initial enrollment in primary medical care	291 (22.2%)	304 (19.8%)	-2.4%
95% of clients will have Hepatitis C (HCV) screening performed at least once since HIV diagnosis	5,694 (75.8%)	5,967 (74.0%)	-1.8%
30% of clients will receive an oral exam by a dentist at least once during the measurement year	1,813 (24.1%)	2,034 (25.2%)	1.1%
85% of clients will have a test for syphilis performed within the measurement year	5,902 (78.7%)	6,648 (82.5%)	3.8%
95% of clients will be screened for Hepatitis B virus infection status at least once since HIV diagnosis	6,219 (82.8%)	6,726 (83.5%)	0.7%
90% of clients will have a viral load test performed at least every six months during the measurement year	3,695 (81.7%)	4,063 (82.1%)	0.4%
90% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	7,317 (71.4%)	6,139 (76.2%)	4.8%
35% of clients will have at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits	2,345 (23.1%)		
Less than 20% of clients will have more than a six month gap in medical care in the measurement year	1,716 (29.7%)	1,719 (27.7%)	-2.0%
60% of new clients will be engaged in care	318 (67.9%)	420 (70.5%)	2.6%
100% of Ryan White Part A program-funded outpatient/ambulatory care organizations in the system/network will have a wait time of 15 or fewer business days for a Ryan White Part A program-eligible patient to receive an initial appointment to enroll in outpatient/ambulatory medical care	Data below		
Percentage of Ryan White Part A program-funded outpatient/ambulatory care organizations in the system/network who had a wait time of 15 or fewer business days for a Ryan White Part A program-eligible patient to receive an appointment for outpatient/ambulatory medical care	Data below		

For FY 2018, 83% of Ryan White Part A outpatient/ambulatory care organizations provided a waiting time of 15 or fewer business days for a program-eligible patient to receive an initial appointment to enroll in medical care.

**Average wait time for initial appointment availability to enroll in outpatient/ambulatory medical care:
EMA = 12 Days**

Agency 1:	12
Agency 2:	6
Agency 3:	7
Agency 4:	26
Agency 5:	8
Agency 6:	10

For FY 2018, 83% of Ryan White Part A outpatient/ambulatory care organizations provided a waiting time of 15 or fewer business days for a program-eligible patient to receive an appointment for medical care.

**Average wait time for appointment availability to receive outpatient/ambulatory medical care:
EMA = 9 Days**

Agency 1:	8
Agency 2:	5
Agency 3:	5
Agency 4:	19
Agency 5:	6
Agency 6:	9

Clinical Chart Review Measures*	FY 2016	FY 2017
100% of eligible clients will be prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis	100%	93.0%
100% of pregnant women living with HIV will be prescribed antiretroviral therapy	100%	100%
75% of female clients will receive cervical cancer screening in the last three years	80.1%	82.5%
55% of clients will complete the vaccination series for Hepatitis B	55.6%	51.4%
85% of clients will receive HIV risk counseling within the measurement year	69.4%	90.7%
95% of clients will be screened for substance abuse (alcohol and drugs) in the measurement year	98.6%	99.1%
90% of clients who were prescribed antiretroviral therapy will have a fasting lipid panel during the measurement year	88.9%	88.8%
65% of clients at risk for sexually transmitted infections will have a test for gonorrhea and chlamydia within the measurement year	72.9%	77.6%
75% of clients will have documentation that a TB screening test was performed and results interpreted (for tuberculin skin tests) at least once since HIV diagnosis	66.9%	67.2%
65% of clients seen for a visit between October 1 and March 31 will receive an influenza immunization OR will report previous receipt of an influenza immunization	53.1%	53.5%
95% of clients will be screened for clinical depression using a standardized tool with follow-up plan documented	87.9%	96.4%
90% of clients will have ever received pneumococcal vaccine	86.7%	83.4%
100% of clients will be screened for tobacco use at least one during the two-year measurement period	99.4%	100%
Percentage of clients who received cessation counseling intervention if identified as a tobacco user	57.7%	55.7%
95% of clients will be prescribed antiretroviral therapy during the measurement year	97.6%	98.7%
85% of clients will have an HIV drug resistance test performed before initiation of HIV antiretroviral therapy if therapy started during the measurement year	69.2%	71.4%
75% of eligible reproductive-age women will receive reproductive health care (fertility desires assessed and client counseled on conception or contraception)	54.0%	34.9%
90% of clients will be screened for Intimate Partner Violence	81.9%	78.6%
100% of clients on ART will be screened for adherence	99.5%	100.0%

* To view the full FY 2017 chart review reports, please visit:
<http://publichealth.harriscountytexas.gov/Services-Programs/Programs/RyanWhite/Quality>

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Service Linkage / Non-Medical Case Management
All Providers

For FY 2018 (3/1/2018 to 2/28/2019), 7,646 clients utilized Part A non-medical case management.

HIV Performance Measures	FY 2017	FY 2018	Change
A minimum of 70% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing non-medical case management (service linkage)	3,259 (46.0%)	3,548 (46.4%)	0.4%
60% of clients will access RW primary medical care for the first time after accessing service linkage for the first time	372 (44.4%)	459 (48.9%)	4.5%
Mean of less than 30 days between first ever service linkage visit and first ever primary medical care visit:			
Mean	40	27	-32.5%
Median	19	14	-26.3%
Mode	1	1	0.0%
60% of newly enrolled clients will have a medical visit in each of the four-month periods of the measurement year	119 (43.1%)	133 (47.7%)	4.6%

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Substance Abuse Treatment
All Providers

HIV Performance Measures	FY 2017	FY 2018	Change
A minimum of 70% of clients will utilize Parts A/B/C/D primary medical care after accessing Part A-funded substance abuse treatment services*	12 (46.2%)	16 (57.1%)	10.9%
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	14 (66.7%)	18 (69.2%)	2.5%
90% of clients will complete substance abuse treatment program	See data below		

***Overall, the number of clients who received primary care in FY 2018 was 21 (84.0%), with 16 receiving the services through Ryan White and 5 receiving the services through other insurance such as Medicare.**

Number of clients completing substance abuse treatment program during FY 2018 (March 2018 to February 2019): **13**

Number of clients engaged in substance abuse treatment program during FY 2018: **25**

Number of clients completing substance abuse treatment during FY 2018 who entered treatment in FY 2017: **5**

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Transportation
All Providers

Van-Based Transportation	FY 2017	FY 2018	Change
A minimum of 70% of clients will utilize Parts A/B/C/D primary care services after accessing Van Transportation services	498 (66.2%)	491 (63.7%)	-2.5%
55% of clients will utilize Parts A/B LPAP services after accessing Van Transportation services	388 (51.6%)	417 (54.1%)	2.5%

Bus Pass Transportation	FY 2017	FY 2018	Change
A minimum of 50% of clients will utilize Parts A/B/C/D primary care services after accessing Bus Pass services	809 (33.5%)	926 (34.8%)	1.3%
A minimum of 20% of clients will utilize Parts A/B LPAP services after accessing Bus Pass services	471 (19.5%)	591 (22.2%)	2.7%
A minimum of 85% of clients will utilize any RW Part A/B/C/D or State Services service after accessing Bus Pass services	1,833 (75.8%)	2,013 (75.6%)	-0.2%

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Vision Care
All Providers

HIV Performance Measures	FY 2018
75% of clients with diagnosed HIV/AIDS related and general ocular disorders will resolve, improve or stay the same over time	See ocular disorder table

Clinical Chart Review Measures*	FY 2016	FY 2017
100% of vision clients will have a medical health history (initial or updated) at least once in the measurement year	100%	99%
100% of vision clients will have a vision history (initial or updated) at least once in the measurement year	100%	99%
100% of vision clients will have a comprehensive eye exam at least once in the measurement year	100%	100%

* To review the full FY 2017 chart review reports, please visit:
<http://publichealth.harriscountytexas.gov/Services-Programs/Programs/RyanWhite/Quality>

Ocular Disorder	Number of Diagnoses	Number with Follow-up	*Improved		*Resolved		*Same		*Worsened	
			#	%	#	%	#	%	#	%
Accommodation Spasm										
Acute Retinal Necrosis										
Anisocoria	13	3					3	100%		
Bacterial Retinitis										
Cataract	136	24					16	67%	8	33%
Chalazion	7	0								
Chorioretinal Scar	9	3					2	67%	1	33%
Chorioretinitis										
CMV Retinitis - Active										
CMV Retinitis - Inactive	2	1	1	100%						
Conjunctivitis	30	7	2	29%	3	43%	2	29%		
Covergence Excess										
Convergence Insufficiency										
Corneal Edema	1	0								
Corneal Erosion	1	0								
Corneal Foreign Body	2	0								
Corneal Opacity	38	0								
Corneal Ulcer										
Cotton Wool Spots										
Diabetic Retinopathy	8	3			2	67%			1	33%
Dry Eye Syndrome	374	96					95	99%	1	1%
Ecchymosis										
Esotropia										
Exotropia	5	2					2	100%		
Glaucoma	3	0								
Glaucoma Suspect	47	14	3	21%			10	71%	1	7%
Iritis	3	1			1	100%				
Kaposi Sarcoma	1	1					1	100%		
Keratitis	10	2	1	50%	1	50%				
Keratoconjunctivitis	1	1			1	100%				
Keratoconus	4	1					1	100%		
Lagophthalmos										
Macular Hole	1	0								
Meibomianitis	8	1			1	100%				
Molluscum Contagiosum										
Optic Atrophy	15	4					4	100%		
Papilledema	1	1			1	100%				

Ocular Disorder	Number of Diagnoses	Number with Follow-up	*Improved		*Resolved		*Same		*Worsened	
			#	%	#	%	#	%	#	%
Paresis of Accommodation										
Pseudophakia										
Refractive Change/Transient										
Retinal Detachment	1	0								
Retinal Hemorrhage										
Retinopathy HTN	6	1					1	100%		
Retinal Hole/Tear										
Suspicious Optic Nervehead(s)	1	0								
Toxoplasma Retinochoriochitis										
Thyroid Eye Disease										
Visual Field Defect	11	4					4	100%		
Vitreous Degeneration	6	1	1	100%						
Other	248	74	2	3%	32	43%	3	4%	37	50%
Total	993	245	10	4%	42	17%	144	59%	49	20%

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1819 Ryan White Part B (FINAL)
Procurement Report
April 1, 2018 - March 31, 2019



Reflects spending through March 2019

Spending Target: 100 %

Revised 6/3/2019

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments (a)	Contracted Amount	% of Grant Award	Date of Original Procurement	4th Quarter Amendments	Final Amount Expended	Percent YTD
6	Oral Health Care (1)	\$2,085,565	69%		\$2,085,565	62%	4/1/2018	(\$155,328)	\$1,930,237	93%
7	Health Insurance Premiums and Cost Sharing	\$726,885	24%	\$325,806	\$1,052,691	32%	4/1/2018	\$160,944	\$1,213,635	115%
9	Home and Community Based Health Services (2)	\$202,315	7%		\$202,315	6%	4/1/2018	(\$55,835)	\$146,480	72%
	Increased Award Amount (a)		0%	-\$325,806						
Total Houston HSDA		3,014,765	100%	\$0	\$3,340,571	100%		(\$50,219)	\$3,290,352	98%

NOTE TRG has a required spending goal of 95% of its total award. Thus, final quarter amendments are necessary to achieve such goal.

- (1) OHS-Initially there was some staff turnover; service delays but ended strong
 Note: TRG is currently reviewing reimbursement rates which will impact future spending
- (2) HCBHS- Reduction in future award to reflect spending level

Final Spending for All 6 HSDA's

	HSDA Original Amounts	Amendments	Amended Amounts	Total Expended	% Expended
Houston 16	\$ 3,340,571	\$ (50,500)	\$ 3,290,071	\$ 3,289,919	98%
Beaumont 15	\$ 540,009	\$ (81,000)	\$ 459,009	\$ 381,999	71%
Galveston 25	\$ 647,327	\$ 54,000	\$ 701,327	\$ 700,300	108%
Lufkin 14	\$ 376,599	\$ 12,500	\$ 389,099	\$ 389,164	103%
Longview 6	\$ 691,593	\$ 65,000	\$ 756,593	\$ 756,703	109%
Texarkana Paris 5	\$ 312,274	\$ -	\$ 312,274	\$ 275,938	88%
All	\$ 5,908,373	\$ -	\$ 5,908,373	\$ 5,794,023	98%

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1920 Ryan White Part B
Procurement Report
April 1, 2019 - March 31, 2020



Reflects spending through April 2019

Spending Target: 8 %

Revised 6/3/19

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Care	\$2,186,905	65%	\$31,973	\$2,218,878	66%	4/1/2019	\$180,917	8%
5	Health Insurance Premiums and Cost Sharing (1)	\$1,040,351	31%	\$0	\$1,040,351	31%	4/1/2019	\$0	0%
8	Home and Community Based Health Services	\$113,315	3%	\$0	\$113,315	3%	4/1/2019	\$10,400	9%
	Increased RWB Award added to OHS per Increase Scenario*	\$0	0%	-\$31,973	\$0				
Total Houston HSDA		3,340,571	100%	0	3,372,544	100%		191,317	6%

Note: Spending variances of 10% of target will be addressed:

- 1 HIP - Funded by Part A, B and State Services. Provider spends grant funds by ending dates Part A- 2/28; B-3/31; SS-8/31.
 No expenditures submitted - Focusing on spending State Services funds.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1819 DSHS State Services
Procurement Report
September 1, 2018- August 31, 2019



Chart reflects spending through April 2019

Spending Target: 66.67%

Revised 6/3/2019

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing	\$979,694	52%	\$142,285	\$1,121,979	56%	9/1/2018	\$725,248	65%
6	Mental Health Services (1)	\$300,000	16%	\$0	\$300,000	15%	9/1/2018	\$98,420	33%
7	EIS - Incarcerated	\$166,211	9%	\$0	\$166,211	8%	9/1/2018	\$104,157	63%
11	Hospice (2)	\$359,832	19%		\$359,832	18%	9/1/2018	\$129,800	36%
15	Linguistic Services (3)	\$68,000	4%		\$68,000	3%	9/1/2018	\$24,375	36%
	Increased award amount -Approved by RWPC for Health Insurance (a)	\$0	0%	-\$142,285					
Total Houston HSDA		1,873,737	100%	\$0	\$2,016,022	100%		1,082,000	54%

- (1) Mental Health Services are under utilized. Need to reduce for reallocation -
- (2) Hospice care has had lower than expected client turn out and agency has other grant funding. TRG will reduce contract for reallocations - amount TBD.
- (3) Linguistic is one month behind on reporting due to slow invoicing by provider, additionally there has been lower than expected client turn out.
- (a) Reflect increase in State Services award and RWPC approval of increasing HIP category

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2018-4/30/19

Revised: 5/24/2019

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	1264	\$130,375.75				0
Medical Deductible	316	\$139,335.80				0
Medical Premium	4904	\$1,924,842.46				0
Pharmacy Co-Payment	4419	\$449,890.18				0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	10	\$3,484.00	8	NA	NA	NA
Totals:	10913	\$2,640,960.19	8	0	\$0.00	

Comments: This report represents services provided under all grants.

Local Service Category:	Mental Health Services
Amount Available:	To be determined
Unit Cost	
Budget Requirements or Restrictions (TRG Only):	Maximum of 10% of budget for Administrative Cost.
DSHS Service Category Definition	<p>Mental Health Services include psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a family/couples, group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers.</p> <p>Mental health counseling services includes outpatient mental health therapy and counseling (individual and family/couple) provided solely by Mental Health Practitioners licensed in the State of Texas.</p> <p>Mental health services include:</p> <ul style="list-style-type: none"> • Mental Health Assessment • Treatment Planning • Treatment Provision • Individual psychotherapy • Family psychotherapy • Conjoint psychotherapy • Group psychotherapy • Psychiatric medication assessment, prescription and monitoring • Psychotropic medication management • Drop-In Psychotherapy Groups • Emergency/Crisis Intervention <p>General mental health therapy, counseling and short-term (based on the mental health professional’s judgment) bereavement support is available for family members or significant others of people living with HIV.</p>
Local Service Category Definition:	<p>Individual Therapy/counseling is defined as 1:1 or family-based crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to an eligible person living with HIV.</p> <p>Family/Couples Therapy/counseling is defined as crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to a family or couple (opposite-sex, same-sex, transgendered or non gender conforming) that includes an eligible person living with HIV.</p> <p>Support Groups are defined as professionally led (licensed therapists or counselor) groups that comprise people living with HIV, family members, or significant others for the purpose of providing emotional support directly related to the stress of caring for people living with HIV.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	People living with HIV and affected individuals living within the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	Agencies are encouraged to have available to clients all modes of counseling services, i.e., crisis, individual, family, and group. Sessions may be conducted in-home. Agency must provide professional support group sessions led by a licensed counselor.

<p>Service Unit Definition(s) (TRG Only):</p>	<p>Individual and Family Crisis Intervention and/or Therapy: A unit of service is defined as an individual counseling session lasting a minimum of 45 minutes.</p> <p>Family/Couples Crisis Intervention and/or Therapy: A unit of service is defined as a family/couples counseling session lasting a minimum of 90 minutes.</p> <p>Group Therapy: A unit of service is defined as one (1) eligible client attending 90 minutes of group therapy. The minimum time allowable for a single group session is 90 minutes and maximum time allowable for a single group session is 120 minutes. No more than one unit may be billed per session for an individual or group session.</p> <p>A minimum of three (3) clients must attend a group session in order for the group session to eligible for reimbursement.</p> <p>Consultation: One unit of service is defined as 15 minutes of communication with a medical or other appropriate provider to ensure case coordination.</p>
<p>Financial Eligibility:</p>	<p>Income at or below 300% Federal Poverty Guidelines.</p>
<p>Client Eligibility:</p>	<p>For individual therapy session, person living with HIV or the affected significant other of a person living with HIV, resident of Houston HSDA.</p> <p>Person living with HIV must have a current DSM diagnosis eligible for reimbursement under the State Medicaid Plan.</p> <p>Client must not be eligible for services from other programs or providers (i.e. MHMRA of Harris County) or any other reimbursement source (i.e. Medicaid, Medicare, Private Insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs /providers, until the other programs/providers can take over services.</p> <p>Medicaid/Medicare, Third Party Payer and Private Pay status of clients receiving services under this grant must be verified by the provider prior to requesting reimbursement under this grant. For support group sessions, client must be either a person living with HIV or the significant other of person living with HIV.</p>

	<p>Affected significant other is eligible for services only related to the stress of caring for a person living with HIV.</p>
<p>Agency Requirements (TRG Only):</p>	<p>Agency must provide assurance that the mental health practitioner shall be supervised by a licensed therapist qualified by the State to provide clinical supervision. This supervision should be documented through supervision notes.</p> <p>Keep attendance records for group sessions.</p> <p>Must provide 24-hour access to a licensed counselor for current clients with emotional emergencies.</p> <p>Clients eligible for Medicaid or 3rd party payer reimbursement may not be billed to grant funds. Medicare Co-payments may be billed to the contract as ½ unit of service.</p> <p>Documentation of at least one therapist certified by Medicaid/Medicare on the staff of the agency must be provided in the proposal. All funded agencies must maintain the capability to serve and seek reimbursement from Medicaid/Medicare throughout the term of their contract. Potential clients who are Medicaid/ Medicare eligible may not be denied services by a funded agency based on their reimbursement status (Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to this grant). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of the provider's contract.</p> <p>Must comply with the State Services Standards of Care.</p> <p>Must provide a plan for establishing criteria for prioritizing participation in group sessions and for termination from group participation.</p> <p>Providers and system must be Medicaid/Medicare certified to ensure that Ryan White funds are the payer of last resort.</p>
<p>Staff Requirements:</p>	<p>It is required that counselors have the following qualifications: Licensed Mental Health Practitioner by the State of Texas (LCSW, LMSW, LPC PhD, Psychologist, or LMFT).</p> <p>At least two years' experience working with HIV disease or two years' work experience with chronic care of a catastrophic illness.</p> <p>Counselors providing family sessions must have at least two years' experience in family therapy.</p> <p>Counselors must be covered by professional liability insurance with limits of at least \$300,000 per occurrence.</p>
<p>Special Requirements (TRG Only):</p>	<p>All mental health interventions must be based on proven clinical methods and in accordance with legal and ethical standards. The importance of maintaining confidentiality is of critical importance and cannot be overstated unless otherwise indicated based on Federal, state and local laws and guidelines (i.e. abuse, self or other harm). All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for privacy practices of protected health information (PHI) information.</p>

Medicare and private insurance co-payments are eligible for reimbursement under this grant (in this situation the agency will be reimbursed the client's co-payment only, not the cost of the session which must be billed to Medicare and/or the Third-party payer). Extensions will be addressed on an individual basis when meeting the criteria of counseling directly related to HIV illness. Under no circumstances will the agency be reimbursed more than two (2) units of individual therapy per client in any single 24-hour period.

Agency should develop services that focus on the most current Special Populations identified in the *Houston Area Comprehensive Plan for HIV Prevention and Care Services* including Adolescents, Homeless, Incarcerated & Recently Released (IRR), Injection Drug Users (IDU), Men who Have Sex with Men (MSM), and Transgender populations. Additionally, services should focus on increasing access for individuals living in rural counties.

Must comply with the Houston EMA/HSDA Standards of Care.
The agency must comply with **the DSHS Mental Health Services Standards of Care**. The agency must have policies and procedures in place that comply with the standards *prior* to delivery of the service.

FY 2020 RWPC “How to Best Meet the Need” Decision Process

Step in Process: Council		Date:
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Steering Committee		Date:
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Quality Assurance Committee		Date:
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: HTBMTN Workgroup		Date:
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		

**RWPC Quality Improvement Committee -
FY 2020 How to Best Meet The Need
Special Workgroup Discussion**

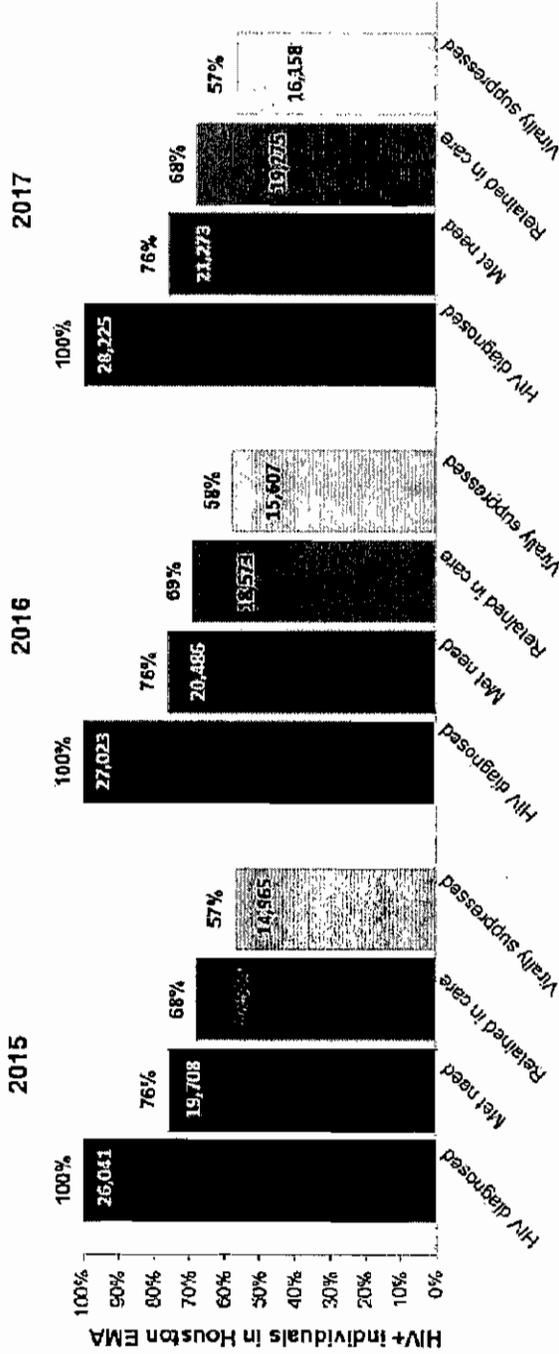
**Report Prepared by:
Ryan White Grant Administration**

FY 2020 PAY FOR PERFORMANCE INCENTIVES

6/27/2019

Houston Continuum of Care

Figure 4: Houston EMA HIV Care Continuum, 2015-2017

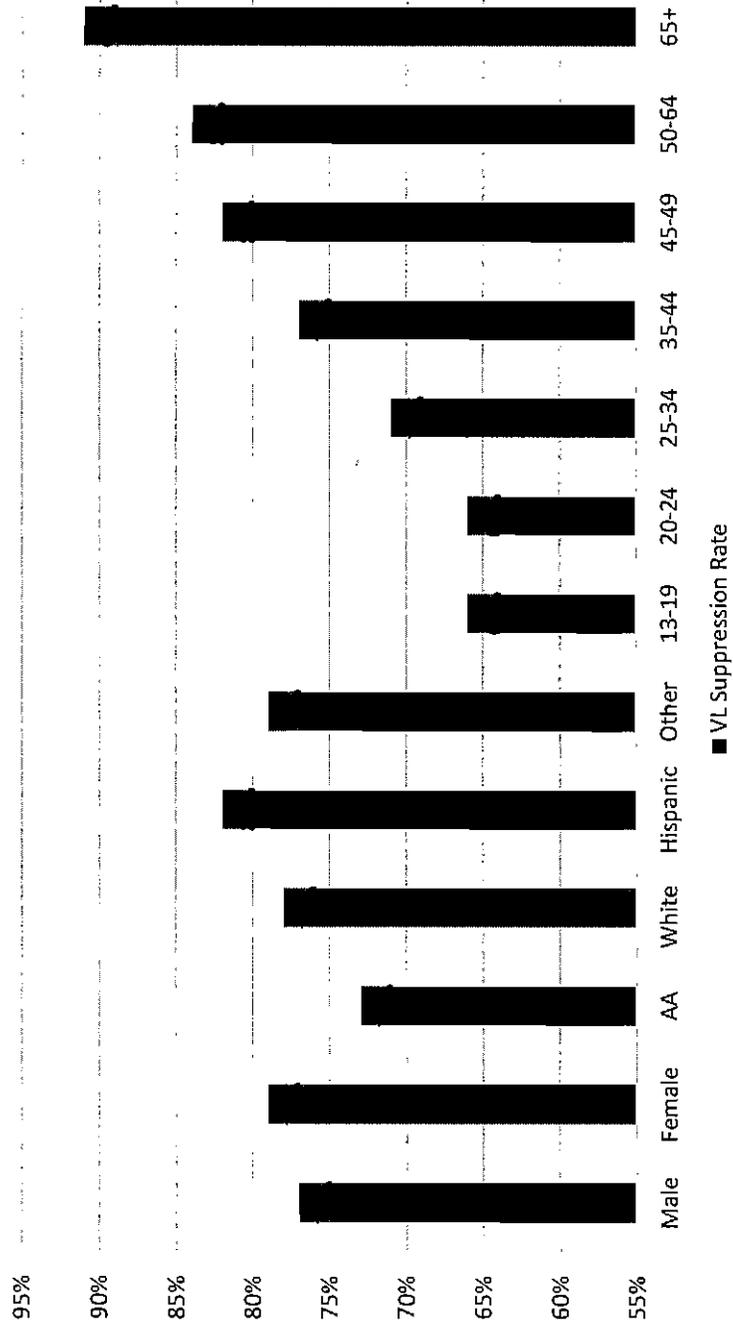


Data Source: IDSHS, 2018

Houston EMA CY 2018 Program Outcomes

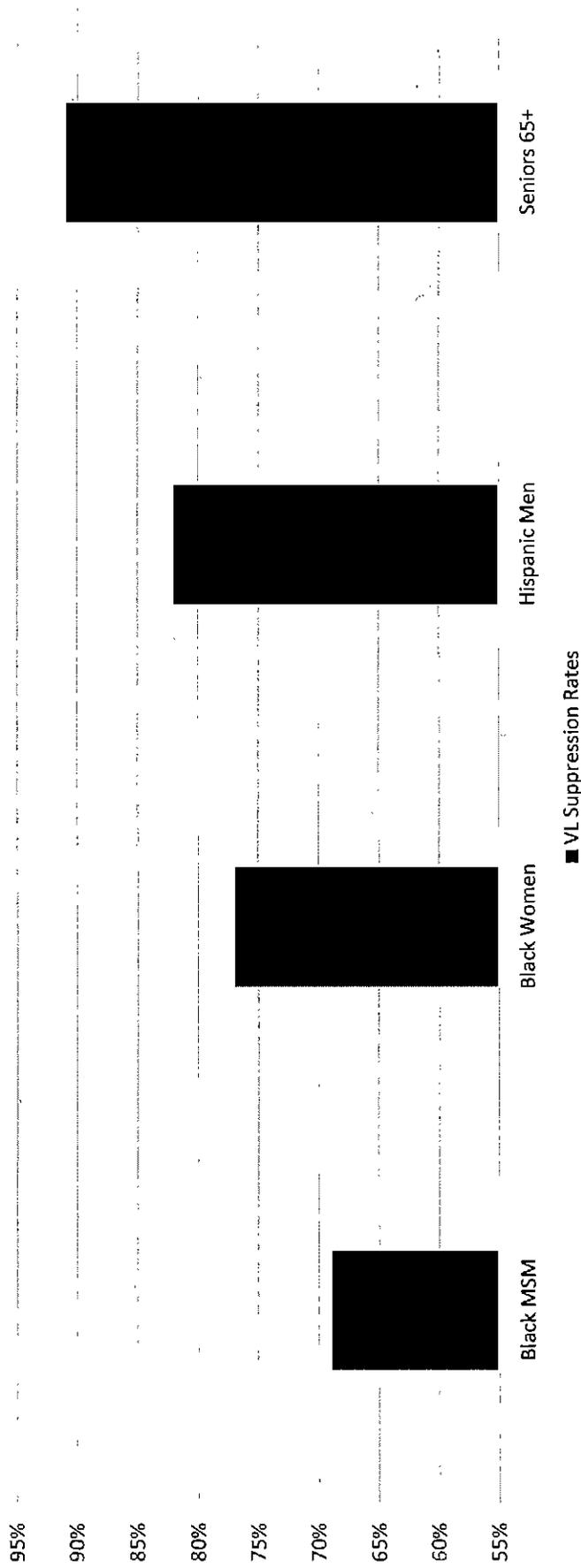
- **Current VL Suppression Rate is 77% (↑from 73%)**
- **Black MSM VL Suppression Rate is 69% (↑from 64%)**
- **National HIV/AIDS Strategy VL Suppression Indicator is 80%**

VL Suppression, by Gender, Race/Ethnicity, Age, 2018



VL Suppression by Priority Population

VL Suppression Rates



Primary Care Contract Incentives

- Y1 Target: ~~73~~ 77% VL Suppression Rate for Black MSM
 - 77% VL Suppression Rate for Total MSM Pcare Population for Outliers
- Must maintain Black MSM service population ratio to be eligible
- Incentive calculated per patient for target met

Pay for Performance Example

January 1, 2018 – December 31, 2018

	Black MSM numerator	Black MSM denominator	Rate	ECHO goal	Additional clients needed to meet goal	Total numerator	Total denominator	Rate	% Black MSM
EMA	1,016	1,480	69%	77%	124 (1140)	6,009	7,771	77%	19%
A	209	298	70%	77%	20 (229)	2,157	2,709	80%	11%
B	298	438	68%	77%	39 (337)	1,733	2,206	79%	19.9%
C	101	168	60%	77%	28 (129)	550	745	74%	22.6%
D	361	518	70%	77%	38 (399)	1,416	1,897	75%	27.6%
E	59	78	76%	77%	1 (60)	169	248	68%	31.5%
F*	12	16	75%	77%	1 (13)	79	95	83%	16.8%

*due to small populations, F include all MSM of Color

Pay for Performance Example Continued

- RWPC allocates $\frac{1}{2}$ of average primary care allocation (\$650) for total number of clients needed to reach target (1140 or 124) = \$741,000 (or \$80,600)
- For CY 2019 **A** and **C** meet or exceed 77% VL Suppression for Black MSM and are eligible for \$148,850 and \$83,850 (or \$13,000 and \$18,200) respectively in FY 2020 Pcare contract

Incentive Implementation Timeline

- Summer 2018
 - HRSA gave approval to use Ryan White funds to support sub-recipient pay for performance
 - All Part A primary care sub-recipients joined HRSA sponsored End+disparities collaborative targeting improvement of VL suppression rates for Black MSM
 - Pay for Performance framework developed

Incentive Implementation Timeline

- **January 2019**
 - Continuation of End+disparities collaborative to include performance for incentive eligibility
- **Spring 2019**
 - RWPC will be asked to allocate funds for incentive based on per client improvement
- **Winter 2019**
 - Contact language finalized for FY 2020 grant year

To be determined

- Amount of Incentive Allocation
- Provider feedback on incentive use
- Inclusion criteria for provider outliers
- Increased incentive for exceeding target

PAY FOR PERFORMANCE

FEEDBACK AND QUESTIONS

6/27/2019

107

108

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**RWPC Quality Improvement Committee -
FY 2020 How to Best Meet The Need
Special Workgroup Discussion**

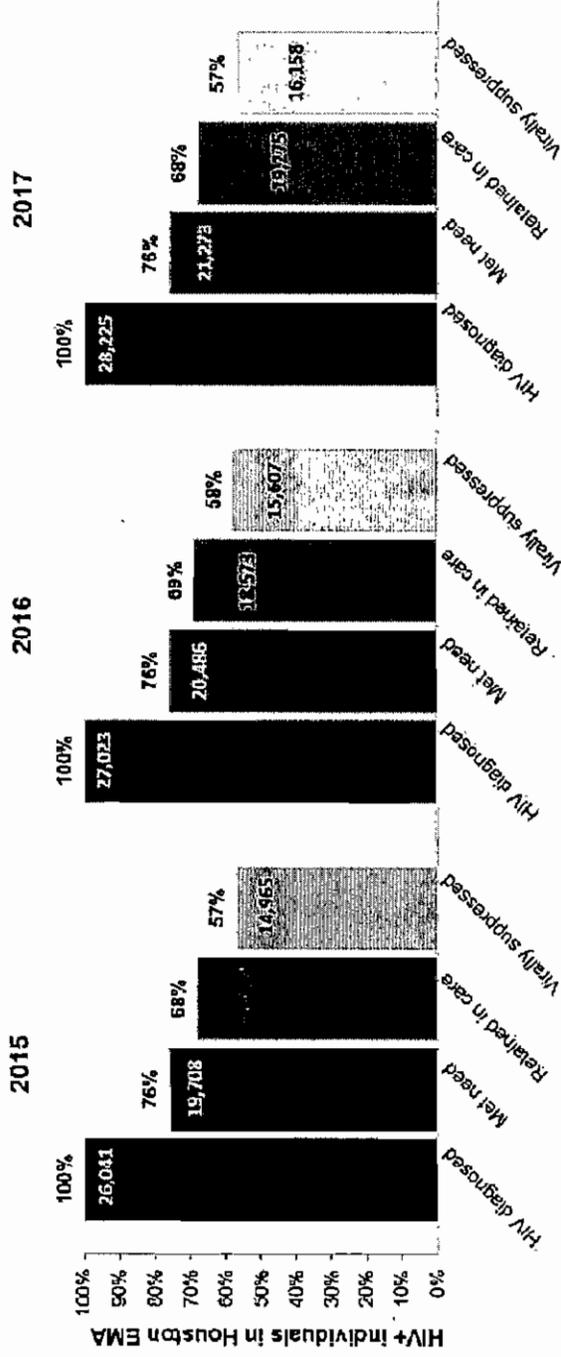
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6/27/2019

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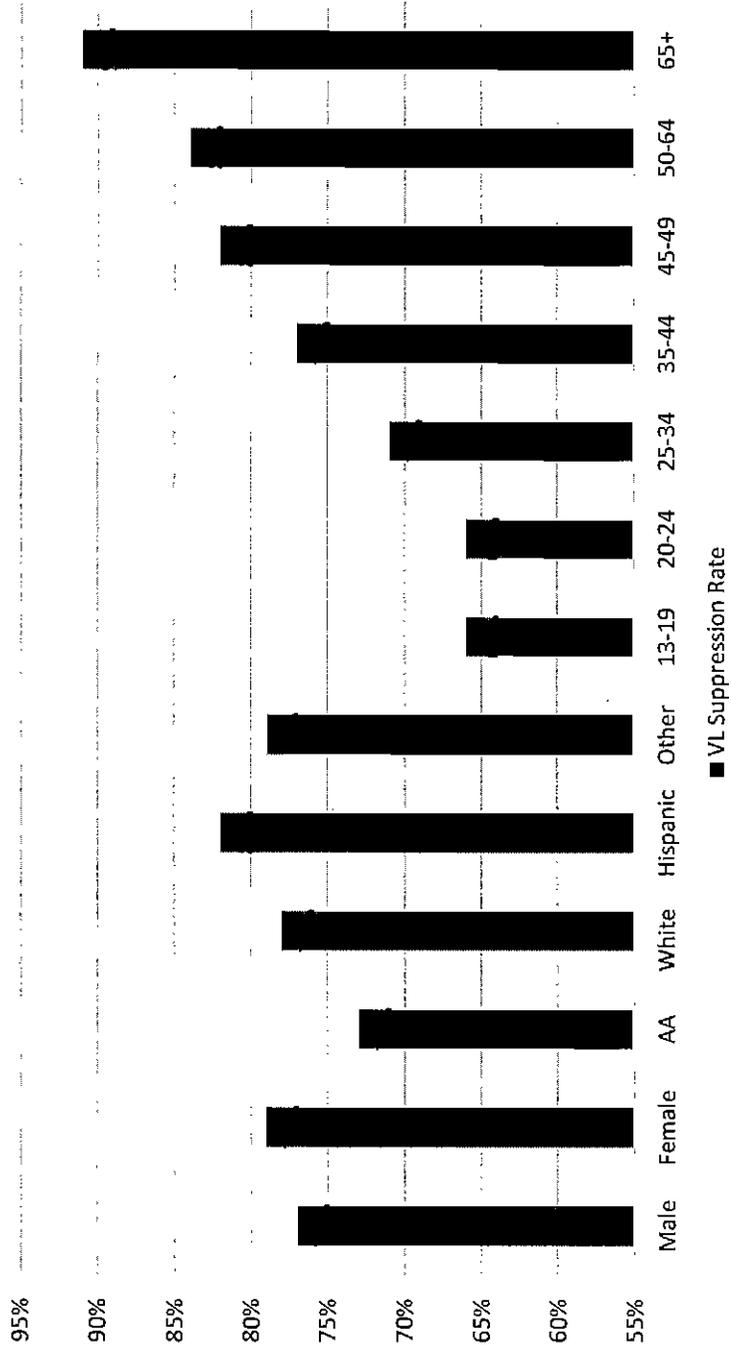


Data Source: TDSHS, 2018

Houston EMA CY 2018 Program Outcomes

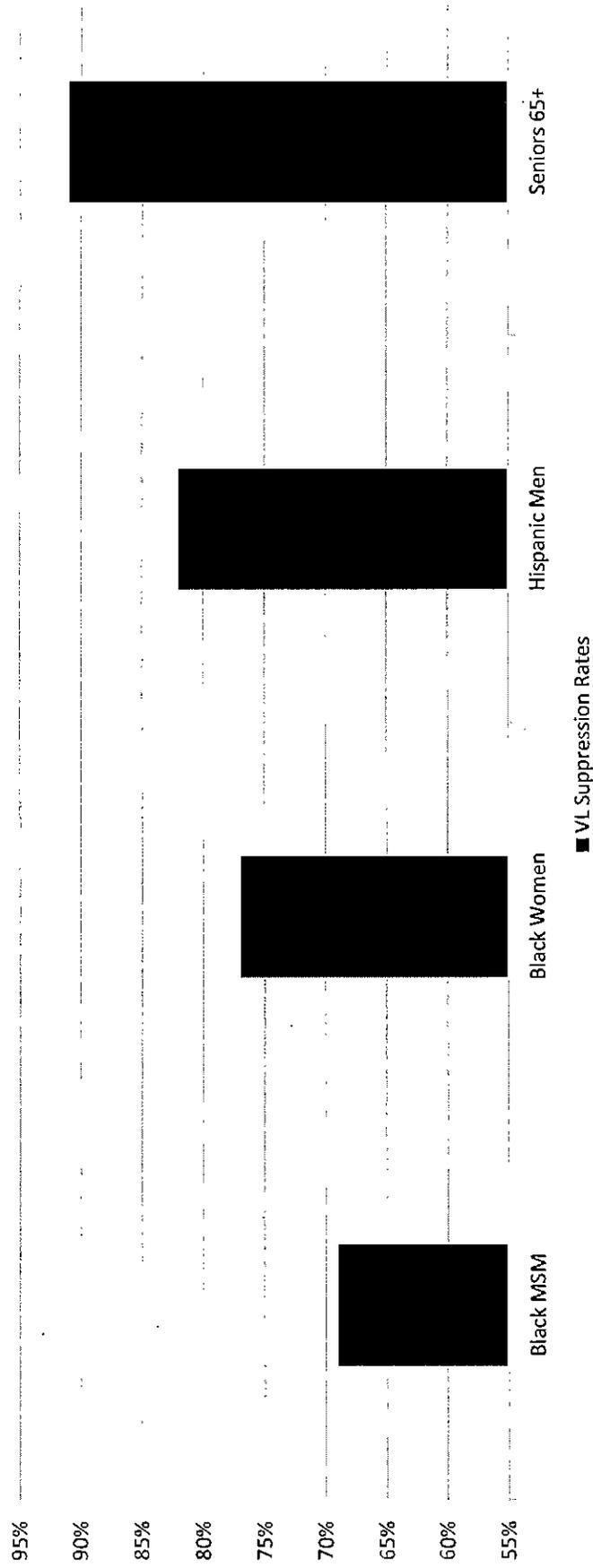
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PAY FOR PERFORMANCE

FEEDBACK AND QUESTIONS

6/27/2019

**Priority and
Allocations
Committee
Report**

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	9,634,415	391,824	703,670	30,517	-120,000	10,640,426	48.14%	10,640,426	0		10,308,288	97%	100%
1.a	Primary Care - Public Clinic (a)	3,520,995	70,069	378,670	0		3,969,734	17.96%	3,969,734	0	3/1/2018	\$3,815,916	96%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	80,923	100,000	1,839	-40,000	1,083,209	4.90%	1,083,209	0	3/1/2018	\$1,448,945	134%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	80,923	100,000	1,839	-40,000	929,186	4.20%	929,186	0	3/1/2018	\$1,082,115	116%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,003,821	100,899	100,000	1,839	-40,000	1,166,559	5.28%	1,166,559	0	3/1/2018	\$716,374	61%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,127,327	22,434	0	0		1,149,761	5.20%	1,149,761	0	3/1/2018	\$1,031,422	90%	100%
1.f	Primary Care - Women at Public Clinic (a)	1,837,964	36,576	0			1,874,540	8.48%	1,874,540	0	3/1/2018	\$1,767,966	94%	100%
1.g	Primary Care - Pediatric (a.1)	15,437	0				15,437	0.07%	15,437	0	3/1/2018	\$9,900	64%	100%
1.h	Vision	402,000	0	25,000	25,000		452,000	2.05%	452,000	0	3/1/2018	\$433,650	96%	100%
2	Medical Case Management	2,535,802	0	0	-200,714	-30,000	2,305,088	10.43%	2,305,088	0		2,015,520	87%	100%
2.a	Clinical Case Management	488,656	0	0	-30,000		458,656	2.08%	458,656	0	3/1/2018	\$456,310	99%	100%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0		482,722	2.18%	482,722	0	3/1/2018	\$246,992	51%	100%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	-50,038		271,032	1.23%	271,032	0	3/1/2018	\$351,650	130%	100%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	-50,038		271,034	1.23%	271,034	0	3/1/2018	\$190,975	70%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	-50,038		57,209	0.26%	57,209	0	3/1/2018	\$151,466	265%	100%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0	0		348,760	1.58%	348,760	0	3/1/2018	\$271,090	78%	100%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0			180,311	0.82%	180,311	0	3/1/2018	\$120,163	67%	100%
2.h	Med CM - Targeted to Ped (a.1)	160,051	0	0	-20,600	-30,000	109,451	0.50%	109,451	0	3/1/2018	\$112,745	103%	100%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.36%	80,025	0	3/1/2018	\$67,084	84%	100%
2.j	Med CM - Targeted to Youth	45,888	0	0	0		45,888	0.21%	45,888	0	3/1/2018	\$47,046	103%	100%
3	Local Pharmacy Assistance Program (a) (e)	1,934,796	256,674	0	69,363	0	2,260,833	10.23%	2,260,833	0	3/1/2018	\$2,558,119	113%	100%
4	Oral Health	166,404	0	0	0	0	166,404	0.75%	166,404	0	3/1/2018	166,400	100%	100%
4.a	Oral Health - Untargeted (c)	0	0	0	0	0	0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0	0	0	166,404	0.75%	166,404	0	3/1/2018	\$166,400	100%	100%
5	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
6	Health Insurance (c)	1,244,551	28,519	0	0	150,000	1,423,070	6.44%	1,423,070	0	3/1/2018	\$1,442,569	101%	100%
7	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
8	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.21%	45,677	0	3/1/2018	\$32,308	71%	100%
9	Early Intervention Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
10	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	341,395	1.54%	341,395	0	3/1/2018	\$327,976	96%	100%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	Outreach Services	420,000	39,927	0	0	0	459,927	2.08%	459,927	0	3/1/2018	\$294,500	64%	100%
13	Non-Medical Case Management	1,231,002	0	0	-49,400	0	1,181,602	5.35%	1,181,602	0		1,375,349	116%	100%
13.a	Service Linkage targeted to Youth	110,793	0	0	0	0	110,793	0.50%	110,793	0	3/1/2018	\$99,700	90%	100%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0	0	-29,400	0	70,600	0.32%	70,600	0	3/1/2018	\$81,269	115%	100%
13.c	Service Linkage at Public Clinic (a)	427,000	0	0	0	0	427,000	1.93%	427,000	0	3/1/2018	\$446,037	104%	100%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	0	-20,000	0	573,209	2.59%	573,209	0	3/1/2018	\$748,342	131%	100%
14	Medical Transportation	482,087	25,824	0	0	0	507,911	2.30%	507,911	0		349,864	69%	100%
14.a	Medical Transportation services targeted to Urban	252,680	0	0	0	0	252,680	1.14%	252,680	0	3/1/2018	\$265,776	105%	100%
14.b	Medical Transportation services targeted to Rural	97,185	0	0	0	0	97,185	0.44%	97,185	0	3/1/2018	\$84,088	87%	100%
14.c	Transportation vouchers (bus passes & gas cards)	132,222	25,824	0	0	0	158,046	0.72%	158,046	0	3/1/2018	\$0	0%	0%
15	Linguistic Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
16	Emergency Financial Assistance	450,000	0	0	150,000	0	600,000	2.71%	600,000	0	3/1/2018	\$654,904	109%	100%
17	Referral for Health Care and Support Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
BE327516	Total Service Dollars	18,486,129	742,768	703,670	-234	0	19,932,333	88.10%	19,932,333	0		18,574,390	93%	100%
	Grant Administration	1,675,047	0	0	0	0	1,675,047	7.58%	1,675,047	0	N/A	0	0%	100%
BE327517	HCPHES/RWGA Section	1,146,388	0	0	0	0	1,146,388	5.19%	1,146,388	0	N/A	\$0	0%	100%
PC	RWPC Support*	528,659	0	0	0	0	528,659	2.39%	528,659	0	N/A	0	0%	100%

Final Quarter Reallocations

Service Category

Priority

1	Outpatient/Ambulatory Primary Care	
1.a	Primary Care - Public Clinic (a)	-\$80,170.00
1.b-d	Primary Care - CBO	\$450,895.58
1.e	Primary Care - CBO Targeted to Rural	-\$114,785.98
2	Medical Case Management	
2.b	Med CM - Public Clinic	-\$135,246.00
2.c	Med CM - CBO	-\$89,591.25
2.f	Med CM - Targeted to Rural (a)	-\$75,328.00
2.h	Med CM - Targeted to Pedi (a.1)	\$13,000.00
3	Local Pharmacy Assistance Program (a) (e)	\$2,646.85
12	Outreach Services	-\$190,352.30
13	Non-Medical Case Management	
13.c	Service Linkage at Public Clinic (a)	\$36,260.00
13.d	Service Linkage embedded in CBO Pcare (Pedi and Rural)	\$92,945.70
16	Emergency Financial Assistance	\$90,323.40

FY 2020 Priority Setting Process

(Priority and Allocations Committee approved 02-28-19)

1. Agree on the principles to be used in the decision making process.
2. Agree on the criteria to be used in the decision making process.
3. Agree on the priority-setting process.
4. Agree on the process to be used to determine service categories that will be considered for allocations. (This is done at a joint meeting of members of the Quality Improvement, Priority and Allocations and Affected Community Committees and others, or in other manner agreed upon by the Planning Council).
5. Staff creates an information binder containing documents to be used in the Priority and Allocations Committee decision-making processes. The binder will be available at all committee meetings and copies will be made available upon request.
6. Committee members attend a training session to review the documents contained in the information binder and hear presentations from representatives of other funding sources such as HOPWA, Prevention, Medicaid and others.
7. Staff prepares a table that lists services that received an allocation from Part A or B or State Service funding in the current fiscal year. The table lists each service category by HRSA-defined core/non-core category, need, use and accessibility and includes a score for each of these five items. The utilization data is obtained from calendar year CPCDMS data. The medians of the scores are used as guides to create midpoints for the need of HRSA-defined core and non-core services. Then, each service is compared against the midpoint and ranked as equal or higher (H) or lower (L) than the midpoint.
8. The committee meets to do the following. This step occurs at a single meeting:
 - Review documentation not included in the binder described above.
 - Review and adjust the midpoint scores.
 - After the midpoint scores have been agreed upon by the committee, **public comment** is received.
 - During this same meeting, the midpoint scores are again reviewed and agreed upon, taking public comment into consideration.
 - Ties are broken by using the first non-tied ranking. If all rankings are tied, use independent data that confirms usage from CPCDMS or ARIES.
 - By matching the rankings to the template, a numerical listing of services is established.
 - Justification for ranking categories is denoted by listing principles and criteria.
 - Categories that are not justified are removed from ranking.
 - If a committee member suggests moving a priority more than five places from the previous year's ranking, this automatically prompts discussion and is challenged; any other category that has changed by three places may be challenged; any category that moves less than three places cannot be challenged unless documentation can be shown (not cited) why it should change.
 - The Committee votes upon all challenged categorical rankings.
 - At the end of challenges the entire ranking is approved or rejected by the committee.

(Continued on next page)

9. At a subsequent meeting, the Priority and Allocations Committee goes through the allocations process.
10. Staff removes services from the priority list that are not included on the list of services recommended to receive an allocation from Part A or B or State Service funding. The priority numbers are adjusted upward to fill in the gaps left by services removed from the list.
11. The single list of recommended priorities is presented at a Public Hearing.
12. The committee meets to review public comment and possibly revise the recommended priorities.
13. Once the committee has made its final decision, the recommended single list of priorities is forwarded as the priority list of services for the following year.

FY 2020 Service Priorities for Ryan White Part A, MAI, Part B and State Services

(Priority and Allocations Committee approved 05-23-19)

Core Services	HL Scores	HL Rank	Approved FY 2019 Priorities	Proposed FY 2020 Priorities	Justification
Ambulatory/Outpatient Medical Care	HHH	2	1	1	There is no new needs assessment data in 2019. Therefore, keep the priority rankings the same as in FY 2019.
Medical Case Management	HHH	2	2	2	
Local Pharmacy Assistance Program	HHH	2	3	3	
Oral Health Services	HLL	3	4	4	
Health Insurance	HLH	4	5	5	
Mental Health Services	HLH	4	6	6	
Early Intervention Services (jail)	LLH	7	7	7	
Day Treatment	LLH	7	8	8	
Substance Abuse Treatment	LLH	7	9	9	
Medical Nutritional Therapy	LLL	8	10	10	
Hospice*	-	-	11	11	

Support Services	HL Scores	HL Rank	Approved FY 2019 Priorities	Proposed FY 2020 Priorities	Justification
Outreach*	--	--	12	12	
Emergency Financial Assistance	--		13	13	
Referral for Health Care & Support Services	--	--	14	14	
Non-medical Case Management	HHL	1	15	15	
Medical Transportation	LLH	7	16	16	
Linguistics Services	LLH	7	17	17	

*Hospice, Emergency Financial Assistance, Referral for Health Care and Outreach do not have HL Score or HL Rank as they were not included in the 2016 Needs Assessment service category need and accessibility rankings.

HOUSTON EMA/HSDA Needs Assessment Rankings

Chart for Determining FY2018 Service Priorities

Core Service	Need	Use	Access Ease	Need	Use	Access Ease	HL Scores	HL Rank	Tie Breaker	Changes	Ranking
Primary Care	94	7,535	90	H	H	H	HHH	2	1		HHL 1
Medical/Clinical Case Management	83	6,270	88	H	H	H	HHH	2	2		HHH 2
Local Medication Assistance	74	4,392	89	H	H	H	HHH	2	3		HLL 3
Oral Health Services	73	3,372	76	H	L	L	HLL	3	4		HLH 4
Health Insurance	59	2,102	85	H	L	H	HLH	4	5		LHL 5
Mental Health Services	53	351	88	H	L	H	HLH	4	6		LHH 6
Early Intervention Services (jail)	7	926	85	L	L	H	LLH	7	7		LLH 7
Day Treatment	31	38	92	L	L	H	LLH	7	8		LLL 8
Substance Abuse Treatment	24	30	92	L	L	H	LLH	7	9		
Medical Nutritional Therapy	38	501	82	L	L	L	LLL	8	10		
Hospice		40			L				11		
Proposed MIDPOINTS	51	3,783	83								

Support Service	Need	Use	Access Ease	Need	Use	Access Ease	High-Low Scores	HL Rank	Tie Breaker	Changes
Outreach Services									12	
Non-medical Case Management*	93	6,796	74	H	H	L	HHL	1	13	
Medical Transportation	47	2,894	85	L	L	H	LLH	7	14	
Linguistics Services	6	67	93	L	L	H	LLH	7	15	
Emergency Financial Assistance									16	
Referral for Health Care & Support Services									17	
Proposed MIDPOINTS	50	3,432	84							

*Question regarding linkage to care window changed from 3 months to 1 month in 2016 NA.

Midpoint=Highest Use+Lowest Use/2
High (H)=Use above the midpoint
Low (L)=Use below the midpoint

Needs Assessment Data for FY 2018 Priorities

05-24-17

Need		Accessibility	
<u>Service Category</u>	<u>Proportion</u>	<u>Service Category</u>	<u>Proportion</u>
<i>Medical</i>		<i>Medical</i>	
Case management	83	Case management	88
Day treatment	31	Day treatment	92
Early intervention (jail only)	7	Early intervention (jail only)	85
Health insurance assistance	59	Health insurance assistance	85
Local medication assistance	74	Local medication assistance	89
Medical nutrition therapy	38	Medical nutrition therapy	82
Mental health services	53	Mental health services	88
Oral health care	73	Oral health care	76
Primary care	94	Primary care	90
Substance abuse services	24	Substance abuse services	92
	<hr/>		<hr/>
	Mean 54		Mean 87
<i>Non-Medical</i>		<i>Non-Medical</i>	
Emergency Financial Assistance	---	Emergency Financial Assistance	---
Linguistic Services	6	Linguistic Services	93
Non-Medical Case Management	93	Non-Medical Case Management	74
Outreach Services	---	Outreach Services	---
Referral for Health Care & Support Services	---	Referral for Health Care & Support Services	---
Transportation	47	Transportation	85
	<hr/>		<hr/>
	Mean 49		Mean 84

DRAFT Key to Priority Setting Using 2016 Needs Assessment Data

(May 16, 2019)

Criteria	Definition	Data Source	Formula
1. Need	Proportion of consumers reporting a need for the service in the past 12 months	Needs Assessment	<p>$(a + b)/N = x*100$ (rounded)</p> <p><i>a</i> = total # of NA respondents selecting “I needed this service, and it was easy to get” per service category</p> <p><i>b</i> = total # of NA respondents selecting “I needed this service, and it was difficult to get” per service category</p> <p><i>N</i> = total # of NA respondents</p> <p><i>x</i> = percent indicating a need for the service per service category</p>
2. Use	Number of clients who used the service in the past 12 months	CPCDMS	# of unduplicated clients per service category for a designated calendar year (1/1 – 12/31)
3. Availability	Proportion of consumers reporting the service was easy to access in the past 12 months	Needs Assessment	<p>$n/N = x*100$ (rounded)</p> <p><i>n</i> = total # of NA respondents selecting “I needed this service, and it was easy to get” per service category</p> <p><i>N</i> = total # of NA respondents indicating need for the service per service category (see <i>a + b</i> above)</p> <p><i>x</i> = percent indicating service accessibility per service category</p>

Other Possible Criteria*

- **Access (revised):** Number of reported barriers per service compared to mean for all services (quantified as % above/below or as a simple High/Low for Above/Below mean)
- **Quality:** Proportion of clients achieving desired health outcome of the service in the past 12 months (quantified as % or as simple High/Low for Above/Below benchmark)
- **Out-of-Care:** Proportion of out-of-care consumers reporting a need for the service in the past 12 months
- **Newly-Diagnosed/EIHA:** Proportion of newly-diagnosed consumers reporting a need for the service in the past 12 months

*Source document: Ryan White HIV/AIDS Program Part A Manual – Revised 2013, pg. 2013-204.

Houston Ryan White Planning Council
Priority and Allocations Committee

**Proposed Ryan White Part A, MAI, Part B and State Services Funding
FY 2020 Allocations**

(Priority and Allocations Committee approved 06-27-19)

MOTION 1: All Funding Streams – Level Funding Scenario

Level Funding Scenario for Ryan White Part A, MAI, Part B and State Services Funding.

Approve the attached Ryan White Part A, MAI, Part B, and State Services Funding FY 2020 Level Funding Scenario.

MOTION 2: MAI Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Minority AIDS Initiative (MAI).

Primary care subcategories will be decreased by the same percent. This applies to the total amount of service dollars available.

Increase Funding Scenario for Ryan White Minority AIDS Initiative (MAI).

Primary care subcategories will be increased by the same percent. This applies to the total amount of service dollars available.

MOTION 3: Part A Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Part A Funding.

All service categories except subcategories 1.g, 2.h, 2.i, 2.j, and 9 will be decreased by the same percent. This applies to the total amount of service dollars available.

Increase Funding Scenario for Ryan White Part A Funding.

Step 1: Allocate first \$200,000 to pilot programs in Primary Care (category 1).

Step 2: Allocate next \$300,000 to Health Insurance Assistance Program (category 5).

Step 3: Any remaining increase in funds following application of Steps 1 and 2 will be allocated by the Ryan White Planning Council.

MOTION 4: Part B and State Services Increase/Decrease Scenario

Decrease Funding Scenario for Ryan White Part B and State Services Funding.

A decrease in funds of any amount will be allocated by the Ryan White Planning Council after the notice of grant award is received.

Increase Funding Scenario for Ryan White Part B and State Services Funding.

Step 1: Allocate first \$200,000 to Oral Health Untargeted (category 4a).

Step 2: Allocate next \$200,000 to Health Insurance Assistance Program (category 5).

Step 3: Any remaining increase in funds following application of Steps 1 and 2 will be allocated by the Ryan White Planning Council after the notice of grant award is received.

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2020 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	\$0	
		Part A	MAI	Part B	State Services	SS-R	Total	FY 2020 Allocations & Justification
1	Ambulatory/Outpatient Primary Care	\$9,869,619	\$1,887,283	\$0	\$0	\$0	\$11,756,902	
1.a	PC-Public Clinic	\$3,591,064					\$3,591,064	
1.b	PC-AA	\$952,498	\$954,912				\$1,907,410	FY20: Part A: Increase \$12,051 in Part due to increased CBO spending MAI: FY19 Increased Scenario applied \$20,219 to 1.b
1.c	PC-Hisp - see 1.b above	\$798,473	\$932,372				\$1,730,845	FY20: Part A: Increase \$12,049 in Part due to increased CBO spending MAI: FY19 Increased Scenario applied \$20,220 to 1.c
1.d	PC-White - see 1.b above	\$1,035,846					\$1,035,846	FY20: Increase \$12,049 in Part A due to increased CBO spending
1.e	PC-Rural	\$1,149,761					\$1,149,761	
1.f	PC-Women	\$1,874,540					\$1,874,540	
1.g	PC-Pedi	\$15,437					\$15,437	
1.h	Vision Care	\$452,000					\$452,000	FY20: Increase \$50k in Part A by due to FY18 expenditures
2	Medical Case Management	\$2,185,802	\$320,100	\$0	\$0	\$0	\$2,505,902	
2.a	CCM-Mental/Substance	\$488,656					\$488,656	
2.b	MCM-Public Clinic	\$427,722					\$427,722	FY20: Decrease \$55k in Part A due to underspending, and to fund increases in SLW, Vision, and EFA
2.c	MCM-AA	\$266,070	\$160,050				\$426,120	FY20: Decrease \$55k in Part A due to underspending, and to fund increases in SLW, Vision, and EFA
2.d	MCM-Hisp	\$266,072	\$160,050				\$426,122	FY20: Decrease \$55k in Part A due to underspending, and to fund increases in SLW, Vision, and EFA
2.e	MCM-White	\$52,247					\$52,247	FY20: Decrease \$55k in Part A due to underspending, and to fund increases in SLW, Vision, and EFA
2.f	MCM-Rural	\$273,760					\$273,760	FY20: Decrease \$75k in Part A MCM-Rural due to underspending in FY18
2.g	MCM-Women	\$125,311					\$125,311	FY20: Decrease \$55k in Part A due to underspending, and to fund increases in SLW, Vision, and EFA
2.h	MCM-Pedi	\$160,051					\$160,051	
2.i	MCM-Veterans	\$80,025					\$80,025	
2.j	MCM-Youth	\$45,888					\$45,888	
3	Local Pharmacy Assistance Program	\$3,157,166	\$0	\$0	\$0	\$0	\$3,157,166	FY20: Create two subcategories for LPAP: 3.a for LPAP - Public Clinic, and 3.b LPAP-Untargeted. FY19 Increased Scenario applied \$500k to LPAP
3.a	LPAP-Public Clinic	\$610,360					\$610,360	FY20: Fund level to FY18 LPAP expenditures at public clinic

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2020 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	\$0	
3.b	LPAP-Untargeted	\$2,546,806					\$2,546,806	FY20: Subtract FY18 public clinic LPAP expenditures from FY19 Increased Funding Scenario applied to LPAP to create LPAP-Untargeted amount
4	Oral Health	\$166,404	\$0	\$2,211,405	\$0		\$2,377,809	
4.a	Untargeted			\$2,211,405			\$2,211,405	FY20: Increase \$24,500 in Part B to reflect increase in cost of services (i.e., increase in prosthodontics reimbursements)
4.b	Rural Dental	\$166,404					\$166,404	
5	Health Insurance Co-Pays & Co-Ins	\$1,339,239	\$0	\$1,047,824	\$864,506	\$125,000	\$3,376,569	FY20: SS: Decrease \$7,473 in SS to balance EIS cost of living increase; SS-R: Fund \$125k in SS-R to balance reduction in SS to fully fund 15e. (SLW-Substance Use); Part B: Increase \$7,473 Part B to balance decrease in SS HIAP Part A: FY19 Increased Scenario applied \$166,169 to HIA
6	Mental Health Services	\$0	\$0	\$0	\$300,000	\$0	\$300,000	SS: Decrease \$7,473 in SS to balance EIS cost of living increase;
7	Early Intervention Services	\$0	\$0	\$0	\$175,000	\$0	\$175,000	06-10-19 TRG Note: SS \$8,789 cost of living raise for EIS staff
8	Home & Community Based Health Services	\$0	\$0	\$113,315	\$0	\$0	\$113,315	
8.a	In-Home (skilled nursing & health aide)						\$0	
8.b	Facility-based (adult day care)			\$113,315			\$113,315	
9	Substance Abuse Treatment - Outpatient	\$45,677	\$0	\$0	\$0	\$0	\$45,677	
10	Medical Nutritional Therapy	\$341,395	\$0	\$0	\$0	\$0	\$341,395	
11	Hospice	\$0	\$0	\$0	\$259,832	\$0	\$259,832	
12	Outreach Services	\$420,000	\$0	\$0	\$0	\$0	\$420,000	
13	Emergency Financial Assistance	\$525,000	\$0	\$0	\$0	\$0	\$525,000	FY20: Increase \$75k in Part A due FY18 expenditures
14	Referral for Health Care & Support Services	\$0	\$0	\$0	\$0	\$375,000	\$375,000	
15	Non-Medical Case Management	\$1,381,002	\$0	\$0	\$350,000	\$0	\$1,731,002	
15.a	SLW-Youth	\$110,793					\$110,793	
15.b	SLW-Testing	\$100,000					\$100,000	
15.c	SLW-Public	\$427,000					\$427,000	
15.d	SLW-CBO, includes some Rural	\$743,209					\$743,209	FY20: Increase \$150k in Part A due to FY18 expenditures

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2020 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	\$0	
15.e	SLW-Substance Use	\$0			\$350,000		\$350,000	FY20: Increase \$125k in SS to fully fund for 12 months
16	Transportation	\$424,911	\$0	\$0	\$0	\$0	\$424,911	
16.a	Van Based - Urban	\$252,680					\$252,680	
16.b	Van Based - Rural	\$97,185		\$0			\$97,185	
16.c	Bus Passes & Gas Vouchers	\$75,046					\$75,046	
17	Linguistic Services	\$0	\$0	\$0	\$68,000	\$0	\$68,000	
Total Service Allocation		\$19,856,215	\$2,207,383	\$3,372,544	\$2,017,338	\$500,000	\$27,953,480	
NA	Quality Management	\$412,940					\$412,940	06-10-19 RWGA Note: 50% CPCDMS cost moved under admin
NA	Administration	\$1,795,958					\$1,795,958	06-10-19 RWGA Note: 50% CPCDMS cost moved under admin
NA	Compassionate Care Program					\$475,000	\$475,000	06-24-19 TRG Note: \$125k moved from the Compassionate Care Program to balance \$125k moved from HIAP.
Total Non-Service Allocation		\$2,208,898	\$0	\$0	\$0	\$475,000	\$2,683,898	
Total Grant Funds		\$22,065,113	\$2,207,383	\$3,372,544	\$2,017,338	\$975,000	\$30,637,378	

Remaining Funds to Allocate (exact same as the yellow row on top)	\$0	\$0	\$0	\$0	\$0	\$0
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Tips:

- * Do not make changes to any cells that are underlined. These cells represent running totals. If you make a change to these cells, then the formulas throughout the sheet will become "broken" and the totals will be incorrect.
- * It is useful to keep a running track of the changes made to any service allocation. For example, if you want to change an allocation from \$42,000 to \$40,000, don't just delete the cell contents and type in a new number. Instead, type in "=42000-2000". This shows that you

[For Staff Only]

If needed, use this space to enter base amounts to be used for calculations

	RW/A Amount Actual	MAI Amount Actual	Part B actual	State Service est.	SS-R estimated	
Total Grant Funds	\$22,065,113	\$2,207,383	\$3,372,544	\$2,017,338	\$975,000	\$30,637,378

Priority and Allocations

FY 2020 Guiding Principles and Decision Making Criteria

(Priority and Allocations Committee approved 02-28-19)

Priority setting and allocations must be based on clearly stated and consistently applied principles and criteria. These principles are the basic ideals for action and are based on Health Resources and Services Administration (HRSA) and Department of State Health Services (DSHS) directives. All committee decisions will be made with the understanding that **the Ryan White Program is unable to completely meet all identified needs** and following legislative mandate **the Ryan White Program will be considered funding of last resort**. Priorities are just one of many factors which help determine allocations. All Part A and Part B service categories are considered to be important in the care of people living with HIV/AIDS. Decisions will address at least one or more of the following principles **and** criteria.

*Principles are the standards **guiding the discussion** of all service categories to be prioritized and to which resources are to be allocated. Documentation of these guiding principles in the form of printed materials such as needs assessments, focus group results, surveys, public reports, journals, legal documents, etc. will be used in highlighting and describing service categories (individual agencies are not to be considered). Therefore decisions will be based on service categories that address the following principles, in no particular order:*

Principles

- A. Ensure ongoing client access to a comprehensive system of core services as defined by HRSA
- B. Eliminate barriers to core services among affected sub-populations (racial, ethnic and behavioral) and low income, unserved, underserved and severe need populations (rural and urban)
- C. Meet the needs of diverse populations as addressed by the epidemiology of HIV
- D. Identify individuals newly aware of their status and link them to care. Address the needs of those that are aware of their status and not in care.

Allocations only

- E. Document or demonstrate cost-effectiveness of services and minimization of duplication
- F. Consider the availability of other government and non-governmental resources, including Medicaid, Medicare, CHIP, private insurance and Affordable Care Act related insurance options, local foundations and non-governmental social service agencies
- G. Reduce the time period between diagnosis and entry into HIV medical care to facilitate timely linkage.

Criteria are the standards on which the committee's decisions will be based. Positive decisions will only be made on service categories that satisfy at least one of the criteria in Step 1 and all criteria in Step 2. Satisfaction will be measured by printed information that address service categories such as needs assessments, focus group results, surveys, reports, public reports, journals, legal documents, etc.

(Continued)

DECISION MAKING CRITERIA STEP 1:

- A. Documented service need with consumer perspectives as a primary consideration
- B. Documented effectiveness of services with a high level of benefit to people and families living with HIV, including quality, cost, and outcome measures when applicable
- C. Documented response to the epidemiology of HIV in the EMA and HSDA
- D. Documented response to emerging needs reflecting the changing local epidemiology of HIV while maintaining services to those who have relied upon Ryan White funded services.
- E. When allocating unspent and carryover funds, services are of documented sustainability across fiscal years in order to avoid a disruption/discontinuation of services
- F. Documented consistency with the current Houston Area Comprehensive HIV Prevention and Care Services Plan, the Continuum of Care, the National HIV/AIDS Strategy, the Texas HIV Plan and their underlying principles to the extent allowable under the Ryan White Program to:
 - build public support for HIV services;
 - inform people of their serostatus and, if they test positive, get them into care;
 - help people living with HIV improve their health status and quality of life and prevent the progression of HIV;
 - help reduce the risk of transmission; and
 - help people with advanced HIV improve their health status and quality of life and, if necessary, support the conditions that will allow for death with dignity

DECISION MAKING CRITERIA STEP 2:

- A. Services have a high level of benefit to people and families living with HIV, including cost and outcome measures when applicable
- B. Services are accessible to all people living with or affected by HIV, allowing for differences in need between urban, suburban, and rural consumers as applicable under Part A and B guidelines
- C. The Council will minimize duplication of both service provision and administration and services will be coordinated with other systems, including but not limited to HIV prevention, substance use, mental health, and Sexually Transmitted Infections (STIs).
- D. Services emphasize access to and use of primary medical and other essential HRSA defined core services
- E. Services are appropriate for different cultural and socioeconomic populations, as well as care needs
- F. Services are available to meet the needs of all people living with HIV and families, as applicable under Part A and B guidelines
- G. Services meet or exceed standards of care
- H. Services reflect latest medical advances, when appropriate
- I. Services meet a documented need that is not fully supported through other funding streams

**PRIORITY SETTING AND ALLOCATIONS ARE SEPARATE DECISIONS.
All decisions are expected to address needs of the overall community affected by the epidemic.**

Houston Area HIV Services Ryan White Planning Council

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FY 2020 How to Best Meet the Need Quality Improvement Committee Service Category Recommendations Summary (as of 05/15/19)

Those services for which no change is recommended include:

Ambulatory Outpatient Medical Care (including Medical Case Management and Service Linkage)
Case Management (Clinical, Non-Medical Service Linkage, and Non-Medical Targeting Substance Use Disorders)
Early Intervention Services (targeting the Incarcerated)
Emergency Financial Assistance - Pharmacy Assistance
Health Insurance Premium and Cost Sharing Assistance
Hospice Services
Linguistic Services
Medical Nutritional Therapy/Supplements
Oral Health (Untargeted and Targeting the Northern Rural Area)
Outreach Services - Primary Care Re-Engagement
Referral for Health Care and Support Services
Substance Abuse Treatment
Vision Care

Services with recommended changes include the following:

Home and Community Based Health Services (Adult Day Treatment)

-  Accept the service definition as presented and keep the financial eligibility the same at 300%.
Ask the Office of Support to work with the grant recipients to promote this service.

Local Pharmacy Assistance

-  Accept the service definition with the understanding that the financial eligibility for non-HIV medications may increase to 400% pending additional information from the grant recipient.

Mental Health Services

-  Accept the service definition with one change: allow 90 minutes for family/couples session with the understanding that the financial eligibility may increase to 400% pending additional information from the grant recipient.

Transportation

-  Accept the service definition as presented and keep the financial eligibility the same at 400%.
Ask the Office of Support to check into the availability of alternative bus providers.

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2019 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	\$0	
		Part A	MAI	Part B	State Services	SS-R	Total	FY 2019 Allocations & Justification
1	Ambulatory/Outpatient Primary Care	\$9,783,470	\$1,846,844	\$0	\$0	\$0	\$11,630,314	
1.a	PC-Public Clinic	\$3,591,064					\$3,591,064	
1.b	PC-AA	\$940,447	\$934,693				\$1,875,140	
1.c	PC-Hisp - see 1.b above	\$786,424	\$912,152				\$1,698,576	
1.d	PC-White - see 1.b above	\$1,023,797					\$1,023,797	
1.e	PC-Rural	\$1,149,761					\$1,149,761	
1.f	PC-Women	\$1,874,540					\$1,874,540	
1.g	PC-Pedi	\$15,437					\$15,437	
1.h	Vision Care	\$402,000					\$402,000	
2	Medical Case Management	\$2,535,802	\$320,100	\$0	\$0	\$0	\$2,855,902	
2.a	CCM-Mental/Substance	\$488,656					\$488,656	
2.b	MCM-Public Clinic	\$482,722					\$482,722	
2.c	MCM-AA	\$321,070	\$160,050				\$481,120	
2.d	MCM-Hisp	\$321,072	\$160,050				\$481,122	
2.e	MCM-White	\$107,247					\$107,247	
2.f	MCM-Rural	\$348,760					\$348,760	
2.g	MCM-Women	\$180,311					\$180,311	
2.h	MCM-Pedi	\$160,051					\$160,051	
2.i	MCM-Veterans	\$80,025					\$80,025	
2.j	MCM-Youth	\$45,888					\$45,888	
3	Local Pharmacy Assistance Program	\$2,657,166	\$0	\$0	\$0	\$0	\$2,657,166	FY19: Increase \$465,696 in Part A due to increased expenditures in FY17.
4	Oral Health	\$166,404	\$0	\$2,186,905	\$0		\$2,353,309	
4.a	Untargeted			\$2,186,905			\$2,186,905	FY19: Increase \$101,340 in Part B to reflect FY17 expenditures.
4.b	Rural Dental	\$166,404					\$166,404	
5	Health Insurance Co-Pays & Co-Ins	\$1,173,070	\$0	\$1,040,351	\$864,506	\$125,000	\$3,202,927	06-27-19 AMENDMENT: SS-R: Fund \$125k in SS-R to balance reduction in SS to fully fund 15e. (SLW-Substance Use)
6	Mental Health Services	\$0	\$0	\$0	\$300,000	\$0	\$300,000	
7	Early Intervention Services	\$0	\$0	\$0	\$175,000	\$0	\$175,000	06-27-19 AMENDMENT: Fund SS and SS-R per FY20 Level Funding Scenario
8	Home & Community Based Health Services	\$0	\$0	\$113,315	\$0	\$0	\$113,315	
8.a	In-Home (skilled nursing & health aide)						\$0	

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2019 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	\$0	
8.b	Facility-based (adult day care)			\$113,315			\$113,315	FY19: Decrease \$90,000 in Part B to reflect FY17 expenditures.
9	Substance Abuse Treatment - Outpatient	\$45,677	\$0	\$0	\$0	\$0	\$45,677	
10	Medical Nutritional Therapy	\$341,395	\$0	\$0	\$0	\$0	\$341,395	
11	Hospice	\$0	\$0	\$0	\$259,832	\$0	\$259,832	FY19: Decrease \$100,000 in SS due to underspending and to move to LPAP through toggling between SS and Part A under Health Insurance Assistance.
12	Outreach Services	\$420,000	\$0	\$0	\$0		\$420,000	FY19: Decrease \$39,927 in Part A to restore to original FY18 allocation amount (prior to application of the FY18 Increase Scenario).
13	Emergency Financial Assistance	\$450,000	\$0	\$0	\$0	\$0	\$450,000	
14	Referral for Health Care & Support Services	\$0	\$0	\$0	\$0	\$375,000	\$375,000	
15	Non-Medical Case Management	\$1,231,002	\$0	\$0	\$350,000	\$0	\$1,581,002	
15.a	SLW-Youth	\$110,793					\$110,793	
15.b	SLW-Testing	\$100,000					\$100,000	
15.c	SLW-Public	\$427,000					\$427,000	
15.d	SLW-CBO, includes some Rural	\$593,209					\$593,209	
15.e	SLW-Substance Use	\$0			\$350,000		\$350,000	06-27-19 AMENDMENT: Increase \$125K to provide full 12 months of funding. Decrease from SS and SS-R per FY20 Level Funding Scenario.
16	Transportation	\$424,911	\$0	\$0	\$0	\$0	\$424,911	
16.a	Van Based - Urban	\$252,680					\$252,680	
16.b	Van Based - Rural	\$97,185		\$0			\$97,185	
16.c	Bus Passes & Gas Vouchers	\$75,046					\$75,046	FY19: Decrease \$83,000 in Part A as current inventory can support the reduction in funding for one year.
17	Linguistic Services	\$0	\$0	\$0	\$68,000	\$0	\$68,000	
Total Service Allocation		\$19,228,897	\$2,166,944	\$3,340,571	\$2,017,338	\$500,000	\$27,253,750	
NA	Quality Management	\$495,000					\$495,000	
NA	Administration	\$1,675,047					\$1,675,047	
NA	Compassionate Care Program					\$475,000	\$475,000	06-27-19 AMENDMENT: Decrease \$125K to fund increase in 15.e (SLW-Sub Use) per FY20 Level Funding Scenario

	Part A	MAI	Part B	State Services	SS-R	Total	FY 2019 Allocations & Justification
Remaining Funds to Allocate	\$0	\$0	\$0	\$0	\$0	\$0	
Total Non-Service Allocation	\$2,170,047	\$0	\$0	\$0	\$475,000	\$2,645,047	
Total Grant Funds	\$21,398,944	\$2,166,944	\$3,340,571	\$2,017,338	\$975,000	\$29,898,797	

Remaining Funds to Allocate (exact same as the yellow row on top)	\$0	\$0	\$0	\$0	\$0	\$0	
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Tips:

* Do not make changes to any cells that are underlined. These cells represent running totals. If you make a change to these cells, then the formulas throughout the sheet will become "broken" and the totals will be incorrect.

* It is useful to keep a running track of the changes made to any service allocation. For example, if you want to change an allocation from \$42,000 to \$40,000, don't just delete the cell contents and type in a new number. Instead, type in "=-42000-2000". This shows that you

[For Staff Only]

If needed, use this space to enter base amounts to be used for calculations

	RW/A Amount Actual	MAI Amount Actual	Part B actual	State Service est.	SS-R estimated	
Total Grant Funds	\$21,398,944	\$2,166,944	\$3,340,571	\$2,017,338	\$975,000	\$29,898,797

2019 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE
(Submitted May 2019)

Status of Committee Goals and Responsibilities (* means mandated by HRSA):

1. Conduct training to familiarize committee members with decision-making tools.
Status: *Done 5/23/19*
2. Review the final quarter allocations made by the administrative agents.
Status: *In process*
3. *Improve the processes for and strengthen accountability in the FY 2020 priority-setting, allocations and subcategory allocations processes for Ryan White Parts A and B and State Services funding.
Status: *in process*
4. When applicable, plan for specialty dollars like Minority AIDS Initiative (MAI) and special populations such as Women, Infants, Children and Youth (WICY) throughout the priority setting and allocation processes.
Status: *in going*
5. *Determine the FY 2020 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
Status: *on going -*
6. *Review the FY 2019 priorities as needed.
Status: *In process*
7. *Review the FY 2019 allocations as needed.
Status: *In process*
8. Evaluate the processes used.
Status: *on going -*
9. Annually, review the status of Committee activities identified in the current Comprehensive Plan.
Status: *on going -*

Status of Tasks on the Timeline:

Robyn Ledwith

Committee Chairperson

5/23/19

Date

Operations Committee Report

2019 RWPC Attendance Records
(as of 06-05-19)

a-absent, p-present, e-excused, re-resigned, shaded-do not include in count, Ssh-came but unable to stay, nm- no meeting	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Veronica Ardoin		p	p	nm	nm							
Affected Community		p	p	nm	p							
Operations		e	p	nm	e							
Ted Artiaga		p	p	p	nm							
Comp HIV Plan		p	p	nm	nm							
Steering		e	e	e	nm							
Connie Barnes		e	e	e	nm							
Quality Improvement		e	e	nm								
Rosalind Belcher		p	p	p	nm							
Affected Community		a	a	nm	a							
Quality Improvement		a	a	nm								
Tony Crawford		p	p	p	nm							
Affected Community		p	p	nm	p							
Quality Improvement		p	p	nm								
Bobby Cruz		p	p	p	nm							
Operations		p	p	nm	e							
Priority & Allocations		p	nm	nm	p							
Steering		p	p	p	nm							
Johnny Deal		p	p	p	nm							
Affected					p							
Operations		e	p	nm	e							
Ronnie Galley		p	p	p	nm							
Affected Community		p	p	nm	p							
Operations		p	p	nm	p							
Quality Improvement		p	p	nm								
Steering		p	p	p	nm							
Ahmier Gibson		p	p	p	nm							
Quality Improvement		e	p	nm								
Gregory Hamilton		p	p	p	nm							
Quality Improvement		p	p	nm								
Angela F. Hawkins		p	p	p	nm							
Operations		p	p	nm	p							
Allison Hesterman		p	p	p	nm							
Priority & Allocations		p	nm	nm	p							
Dawn Jenkins		p	p	e	nm							
Comp HIV Plan		p	p	nm	nm							
Arlene Johnson		a	a	a	nm							
Affected Community		a	a	nm	a							
Daphne L. Jones		p	e	p	nm							
Comp HIV Plan		p	e	nm	nm							
Quality Improvement		p	p	nm								
Steering		p	p	p	nm							
J. Hoxi Jones		e	p	p	nm							
Priority & Allocations		p	nm	nm	p							
Mel Joseph		p	p	e	nm							
Priority & Allocations		p	nm	nm	p							
Denis Kelly		p	e	p	nm							
Comp HIV Plan		p	e	nm	nm							
Quality Improvement		p	p	nm								
Steering		p	p	p	nm							
Peta-gay Ledbetter		p	e	e	nm							
Priority & Allocations		p	nm	nm	p							
Steering		p	e	p	nm							
Tom Lindstrom		e	e	e	nm							
Quality Improvement		p	p	nm								
Holly McLean		p	p	p	nm							
Affected Community		p	p	nm	p							
Comp HIV Plan		p	p	nm	nm							
Rodney Mills		p	e	p	nm							
Affected Community		p	p	nm	e							
Comp HIV Plan		p	e	nm	nm							
Steering		p	p	p	nm							
Niquita Moret		p	e	p	nm							
Priority & Allocations		p	nm	nm	p							
Allen Murray		p	p	p	nm							
Operations		e	a	nm								
Priority & Allocations		a	nm	nm	p							
Steering		e	p	p	nm							

2019 RWPC Attendance Records
(as of 06-05-19)

Robert Noble		a	a	a	nm									
Quality Improvement		a	a	nm										
Matilda Padilla		p	p	p	nm									
Comp HIV Plan		p	p	nm	nm									
Shital Patel		p	e	e	nm									
Comp HIV Plan		p	e	nm	nm									
John Poole		p	e	e	nm									
Affected Community		e	e	nm	e									
Quality Improvement		e	e	e										
Steering		p	p	p	nm									
Tana Pradia		p	p	e	nm									
Affected Community		p	p	nm	p									
Operations		p	p	nm	p									
Steering		p	p	p	nm									
Faye Robinson		p	e	p	nm									
Comp HIV Plan		p	e	nm	nm									
Pete Rodriguez		p	e	p	nm									
Quality Improvement		e	e	nm										
Imran Shaikh		e	p	p	nm									
Comp HIV Plan		e	p	nm	nm									
Gloria Sierra		p	e	e	nm									
Quality Improvement		p	p	nm										
Steering		e	e	e	nm									
Crystal Starr		p	p	p	nm									
Quality Improvement		e	p	nm										
Carol Suazo		p	e	e	nm									
Quality Improvement		a	a	nm										
Isis Torrente		p	e	p	nm									
Affected Community		p	e	nm										
Comp HIV Plan		e	e	nm	nm									
Steering		e	e	p	nm									
Bruce Turner		p	p	p	nm									
Steering		p	p	p	nm									
	Jan													
EXTERNAL MEMBERS	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
Kevin Aloysius														
Quality Improvement		p	p	nm										
Savi Baily														
Quality Improvement		p	p	nm										
Ardry "Skeet" Boyle, Jr.														
Affected Community		p	p	nm	p									
Bianca Burley														
Comp HIV Plan			p	nm	nm									
Dominique Brewster														
Comp HIV Plan		p	p	nm	nm									
Ma'janae Chambers														
Affected Community		a	a	nm	a									
Quality Improvement		a	a	nm	a									
Datonye Charles														
Comp HIV Plan														
Ryan Clark														
Comp HIV Plan		p	a	nm	nm									
Elizabeth Drayden														
Comp HIV Plan		e	a	nm										
Eddie Gonzalez														
Affected Community		a	a	nm	a									
Billy Ray Grant Jr.														
Quality Improvement		a	a	nm	a									
Marcely Macias														
Quality Improvement		p	p	nm										
Nancy Miertschin														
Comp HIV Plan		p	p	nm	nm									
Stephen Nazareus														
Comp HIV Plan		p	p	nm										
Cecilia Oshingbade														
Quality Improvement		p	p	nm	nm									
Lionel Pennamon														
Affected Community		p	p	nm	p									

2019 RWPC Attendance Records
(as of 06-05-19)

Tracy Sandles														
Quality Improvement		p	a	nm										
Veria Steptoe														
Affected Community		a	a	nm	a									
Steven Vargas														
Comp HIV Plan		p	p	nm	nm									
Roy Wesley														
Affected Community		a	a	nm	e									
Anthony Williams														
Comp HIV Plan		p	p	nm	nm									
Larry Woods														
Comp HIV Plan		p	e	nm	nm									
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		

2019 QUARTERLY REPORT OPERATIONS COMMITTEE

(submitted May 2019)

Status of Committee Goals and Responsibilities (* means mandated by HRSA):

1. Design and implement Orientation for Council members and new external committee members in January and February 2019.
Status: *Done*
2. When necessary, address member needs for additional orientation and training, including through the Committee Mentoring Program. (Example: create a "Frequently Asked Questions" form. The information for this document can be gathered from Project LEAP and others.)
Status: *Ongoing*
3. *When necessary, review and revise the bylaws, policies, and procedures of the Ryan White Planning Council.
Status: *Completed in 2018*
4. In November, review and, if necessary, recommend amendments to the Memorandum of Understanding among Part A stakeholders and/or the Letter of Agreement among Part B stakeholders.
Status: *Will do in November 2019.*
5. When necessary, review and revise policies and procedures for the Council support staff.
Status: *Ongoing*
6. *Investigate and make recommendations regarding complaints and grievances brought before the committee in order to assure member/staff compliance with bylaws, policies, and procedures.
Status: *To date, there have been no complaints or grievances filed relating to compliance with bylaws, policies and procedures.*
7. *Resolve any grievances brought forward.
Status: *None brought forward in 2019.*
8. *Make nominations to the CEO, which ensure the reflectiveness and representativeness of the Council.
Status: *To be done in October/November 2019.*
9. Evaluate the performance of the Director in conjunction with the Planning Council Chair and CEO.
Status: *To be done in December 2019*
10. Ensure that the Council is complying with HRSA, County and other open meeting requirements.
Status: *Ongoing*
11. Annually, review the status of Committee activities identified in the Comprehensive Plan.
To be done later in 2019.

Status of Tasks on the Timeline:

Allen W. Murray
Committee Chairperson

05/14/19
Date

FYI

FOR IMMEDIATE RELEASE

June 27, 2019

Contact: HHS Press Office

202-690-6343

media@hhs.gov

Trump Administration Awards \$1 Million in Ryan White HIV/AIDS Program Grants to Counties to Strengthen Efforts to End the HIV Epidemic in the United States

Today, the Trump Administration, through the Health Resources and Services Administration (HRSA), awarded approximately \$1 million in Ryan White HIV/AIDS Program grants to 10 metropolitan areas that are Part A jurisdictions to provide technical assistance to enhance efforts to end the HIV epidemic. This funding through HRSA's HIV/AIDS Bureau supports a comprehensive system of HIV primary medical care, medication, and essential support services to more than half a million people with HIV in the United States.

"Today, on National HIV Testing Day, we are proud to be taking initial steps to support the implementation of President Trump's strategy to end the HIV epidemic in America by 2030," said HHS Secretary Alex Azar. "The Ryan White HIV/AIDS Program has a long track record of success in providing HIV treatment, and the President's plan to end the HIV epidemic involves building on that success."

"HRSA's Ryan White HIV/AIDS Program Part A plays a critical role in the United States' public health response to ending the HIV epidemic," said HRSA Administrator George Sigounas, MS, Ph.D. "These grants will help ensure proactive programming so the most vulnerable people living with HIV/AIDS in the United States have access to life-saving care and treatment to improve health outcomes and reduce HIV transmission."

Under Part A of the Ryan White HIV/AIDS Program, 52 metropolitan areas provide core medical and support services to people with HIV. The program provides grant funding to eligible metropolitan areas (EMA) and transitional grant areas (TGA) with the highest number of people with HIV and AIDS and experiencing increases in HIV and AIDS cases and emerging care needs.

Funding under the *Building Capacity for HIV Elimination in Ryan White HIV/AIDS Program Part A Jurisdiction* project will provide technical assistance to strengthen efforts to end the HIV epidemic through improvements along the HIV care continuum. Based on the awarded jurisdictions' needs, activities under this initiative will include: community engagement, enhancing core medical and support services, infrastructure support, and information dissemination efforts. Eight of the grant recipients are also among the 48 priority counties identified as part of the U.S. Department of Health and Human Services' *Ending the HIV Epidemic: A Plan for America* initiative, as indicated by an asterisk in the table below.

Trump Administration Awards \$1 Million in Ryan White HIV/AIDS Program Grants to ...

“As we recognize National HIV Testing Day today, we understand there is an unprecedented opportunity to end the HIV epidemic in America,” said HRSA’s HIV/AIDS Bureau Associate Administrator Laura Cheever, M.D., Sc.M. “The Ryan White HIV/AIDS Program has a track record of success. In 2017, approximately 86 percent of program clients who received HIV medical care were virally suppressed, significantly higher than the national average of 60 percent among all those with diagnosed HIV.”

For a list of all 52 fiscal year 2019 Ryan White HIV/AIDS Program Part A award recipients, visit <https://hab.hrsa.gov/awards/fy-2019-ryan-white-hiv-aids-program-part-a-final-awards>. Below are the 10 award recipients:

Part A Grant Recipient	County	State	Award Amount
Atlanta EMA*	Fulton County	GA	\$100,000
Boston EMA*	Suffolk County	MA	\$100,000
Detroit EMA*	Wayne County	MI	\$81,763
Jersey City TGA*	Hudson County	NJ	\$100,000
Minneapolis-St. Paul TGA	Hennepin County	MN	\$100,000
New Haven EMA	New Haven County	CT	\$100,000
New Orleans EMA*	Orleans Parish	LA	\$100,000
San Antonio TGA*	Bexar County	TX	\$100,000
San Diego EMA*	San Diego County	CA	\$100,000
Tampa-St. Petersburg EMA*	Hillsborough County	FL	\$100,000
Total Award			\$981,763

To learn more about HRSA’s Ryan White HIV/AIDS Program, visit hab.hrsa.gov. For more information about HRSA’s role in the Ending the HIV Epidemic initiative, visit hrsa.gov/ending-HIV-epidemic. For more information about HIV/AIDS prevention, testing, treatment, and research, visit HIV.gov.

To learn more about Ending the HIV Epidemic: A Plan for America, announced by the President in his State of the Union address on February 5, 2019 visit: <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>.

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